V. S. No. 1.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT

1 PLACE OF DEATH

STATE OF MARYLAND CERTIFICATE OF DEATH

Co	unty vaching on	14	CERTIFICATE O	F DEATH
00	6		Registration Dis	t. No.30/
Vil	lage or city talfway (No. , and Pulia a au	shers	St.;Ward)	[If death occurred in a hospital or institution, give its NAME instead of street and number.]
	PERSONAL AND STATISTICAL PARTICULARS		MEDICAL CERTIFICATE O	F DEATH
3,5	exalt 4 color or race 5 single, Married, Wisowed, Wisowed, Write the word)	16 DATE OF D	(Month) I HEREBY CERTIFY, That	(Day (Year)
8 D	ATE OF BIRTH December 14, 1842 (Month) (Day (Year)	apr 4	he allve on Cufr	7. 6" , 1914,
7 A		and that death	occurred on the date stated	above, at 4, 30 0 m,
	71 yrs 3 mos 22 ds. OR min.?	The CAUSE OF	F DEATH* was as follows:	<u> </u>
(8	CCCUPATION) Trade, profession, or or or of the control of work.	Labor	Cremonia	with ande
bu	General nature of Industry, siness, or establishment in lich employed (or employer)		(Duration)	
98	(State or country) Marylans	Gontributor Secondary		yrs mos dos.
10	10 NAME OF William Borress	(Signed)	Stickord	, N. D.
RENTS	11 BIRTHPLACE OF FATHER (State or country) 12	*State the CAUSES, state	DISEASE CAUSING DEATH, OF e (1) MEANS OF INJURY; an	
PAR	of Mother Charles Kieshinger	LAU, BUICIDAI	L, OF HOMICIDAL.	M DW
	13 BIRTHPLACE OF MOTHER (State or country) Manhaus	At place of death yrs	In the state ds. State _	yrs, ds
14 -	THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease If not at place of d Former or	e contracted, death?	***************************************
	(Informant)	usual residence		
	(Address) - Markenburg, M.	PLACE OF	BURIAL OR REMOVAL	DATE OF BURIAL
15 Fi	18d Apr. 7, 1914 C. E. Rickard	20 UNDERTAK		ADDRESS
	- OREGISTRAS	1 6 0	Aluan.	1/2

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.0

[Approved by U. S. Census and American Public Health Association.]

Servant, Cook, Housemaid, etc. If the occupation has gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as minc, etc. "Manager," "Dealer," etc., without more precise specistatement. Never return "Laborer," material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. As examples: additional line is provided for the latter statement; first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. who have no occupation whatever, write None. cated thus: causing neari, state occupation at beginning of illbeen changed or given up on account of the nisease of persons engaged in domestic service for wages, as should be taken to report specifically the occupations duties of the household only (not paid Housekeepers fication as Day laborer, Farm laborer, Laborer-Coal the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, For many occupations a single word or term on the ness of various pursuits can be known. The question tion is very important, so that the relative healthful-(a) Spinner, Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Farmer (retired 6 yrs.) For persons (b) Cotton mill; (a) Salesman, "Foreman," (6)

Statement of cause of death—Name, first, the disease causing neath (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";): Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculosis of lungs, meninges, peritonaeum, etc., Carcin-

nant neoplasms); Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis, cer" is less definite; avoid use of "Tumor" for maligmia," "Puerperal peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septichaecause. Always qualify all diseases resulting from etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," genital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," ample: Mcastes (disease causing death), 29 ds.; affection need not be stated unless important. etc. The contributory oma, Sarcoma, etc., of...... (name origin; "Cancause of death approved by Committee on Nomenclasepsis, tetanus) may be stated under the head injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the such, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. "Heart failure," "Haemorrhage," "Inanition," "Marasmere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report ture of the American Medical Association.) "Contributory." dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-(Recommendations on statement of (secondary or intercurrent) For vio-



Every liem of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified, Exact statement of OCCUPATION is very Important, See instructions on back of certificate.

8

RECORD



County Mashing time.	STATE OF MAR CERTIFICATE OF Registered	DEATH 2A4
Village or City Hypertown, (No.217.) PULL NAME Infant Ba	in, Ward)	[If death occurred in a hospital or institution, give its NAME lostead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF	DEATH
SEX 4 COLOR OR RACE MARRIEO, MIDOWED, WIDOWED, OR OIVORCEO (Write the word)	(Month)	(Day) (Year)
G DATE OF BIRTH April 2024, 1914 (Month) (Day) (Year)	that I last saw h alive on	
7 AGE If LESS than t day, hrs. or o	and that death occurred on the date stated at the CAUSE OF DEATH* was as follows:	ove, at m.
(a) Trade, profession, or particular kind of work	months, Others, de-s	9 four
(b) General nature of Industry, business, or establishment in which employed (or employer)	(Duration)	yrsds.
OF FATHER HOLE & Baile & Thursday & BIRTHPLACE (State or country) Manyland. 10 NAME OF FATHER HOLE & Baile & Baile & Thursday & Baile & Thursday & Baile & Thursday	TAL, SUICIDAL, OF HOMICIDAL.	deaths from VIOLENT 2) whether Acciden-
13 BIRTHPLACE OF MOTHER (State or country) That star Curso 14 THE ABOVE IS TAKE TO THE BEST OF MY KNOWLEDGE	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INCORRECENT RESIDENTS) At place in the of death yrs mes ds. State Where was disease contracted,	yrs, ds.
(Interment)	usual residence	
(Address) 417 Noway Ung.		ATE OF BURIAL
Filed # 1 - 1914 Herry Davis RECISTRAR	20	DDRESS
if more blanks are needed address State Registra	r, 6 E. Franklin St., Balto., Requesting V. S. No.	1.

No burial permit issued ?

[Approved by U. S. Census and American Public Health
Association.]

additional line is provided for the latter statement; of persons engaged in domestic service for wages, as cated thus: Farmer (retired 6 yrs.). ness. If retired from business, that fact may be indi-CAUSING DEATH, state occupation at beginning of iil-Servant, Cook, Housemaid, etc. If the occupation has the nature of the business or industry, and therefore an who have no occupation whatever, write None. been changed or given up on account of the DISEASE should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. As examples: essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. But in many first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthfulmine, etc. (a) Spinner, (b) Cotton mill; (a) Salesman, Physician, Compositor, Architect, Locomotive engineer, For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-Women at home, who are engaged in the Never return "Laborer," "Foreman," For persons (%)

Statement of cause of death—Name, first, the disease causing death—Name, first, the disease causing disease to the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphiheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculovis of lungs, meninges, peritonacum, etc.. Carcinovis of lungs, meninges, peritonacum, etc.. Carcinovis of lungs, meninges, peritonacum, etc..

childbirth or miscarriage, as "Puteretal septicharinjury, as fracture of skuli, and consequences (e. g., by carbolic acid-probably suicide. The nature of the such, if impossible to determine definitely. ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. mia," "Puerperal peritonitis," etc. State cause for etc., when a definite disease can be ascertained as the nus," "Old Age," "Shock," "Traemia," "Wcakness," "Heart failure," "Haemorrhage," "Inanition," "Maras. genital," "Sealle." etc.), "Dropsy," "Exhaustion," "Collapse." "Coma," "Convuisions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," ample: Measics (disease causing death), 29 valvular heart disease; Chronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for mally ture of the American Medical Association.) cause of death approved by Committee on Nomencla. "Contributory." dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accimere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. affection need not be stated unless important. oma. Sarcoma. etc., of ... The contributory (secondary or intercurrent) tctanus) may be stated under the head of Always qualify all diseases resulting from (Recommendations on statement of (name origin; "Can Never report Examples:



WRITE PLAINLY, WITH UNFADING INK-THIS IS A

of Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state and in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very See instructions on back of certificate.

RECORD

CAUSE OF Important. S

N. B.

1 PLACE OF DEATH

4238



STATE OF MARYLAND CERTIFICATE OF DEATH

County	A A C
O.A.	Registration Dist. No. 3.0.8
Village or City Leelleshing (No	St.; Ward) [If death occurred in a hospital or institution,
*FULL NAME Othalida	Bull give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Jernale White (Write the word) 4 COLOR OR RAGE MARRIED, WIDOWED, ORDIVORCED Surgle (Write the word)	16 DATE OF DEATH (Month) (Day (Year) 17 O I HEREBY CERTIFY, That I attended deceased from
Month (Day (Year)	Chl & 1914 to Chl 30 1914
7 AGE (16a1) C. 6. yrs. 9 mos. 2 0 ds. 1 day,hrs. 0R min. ?	and that death occurred on the date stated above, at // C m The CAUSE OF DEATH* was as follows:
(a) Trade, profession, or particular kind of work (b) General nature of industry, business, or establishment in	Brights Disease
which employed (or employer) 9 BIRTHPLACE (State or country)	ContributorySecondary
10 NAME OF STATHER STATE BULL	(Signed) A GWishard M. I
11 BIRTHPLACE OF FATHER (State or country) TMd 12 MAIDEN NAME OF MOTHER OF MOTHER	*State the Disease Causing Death, or, in deaths from Violencauses, state (1) Means of Injury; and (2) whether Accidence Tal, Suicidal, or Homicidal.
13 BIRTHPLACE OF MOTHER (State or country)	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS OF RECENT RESIDENTS) At place In the of death yrs mos ds. State yrs mos ds
(Informant) From Hell	Where was disease contracted, If not at place of death?
(Address) Lectusburg Md	Leitersburg DATE OF BURIAL
Flied Gal. 30, 1914 p. H. Wishard REGISTRAR	Watkins Minnish Hag. Md

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, For many occupations a single word or term on the icss of various pursuits can be known. The question tion is very important, so that the relative healthfulwho have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.) For persons CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE (a) Spinner, (b) Cotton mill; (a) Salesman, it should be used only when needed. As examples: Civil engineer, Stationary freman, etc. But in many first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman," (6)

Statement of cause of death—Namé, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) 'Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

childbirth or miscarriage as "Puerperal septtehae-mia," "Puerperal peritonitis," etc. State cause for cause. Always qualify all diseases resulting from "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of...... (name origin; "Cancause of death approved by Committee on Nomenclasepsis, tetanus) may be stated under the head injury, as fracture of skull, and consequences (e. g., such, if impossible to determine definitely. Examples: LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. etc., when a definite disease can be ascertained as the genital," "Senile," etc.), "Dropsy," "Exhaustion," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary) 10 ds. Never report ample: Measles (disease causing death), 29 ds.; by carbolic acid-probably suicide. The nature of the Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably ture of the American Medical Association.) "Contributory." dent; Revolver wound of head-homicide; Poisoned The contributory (secondary or intercurrent) (Recommendations on statement of For vio-



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Gounty Washington



STATE OF MARYLAND CERTIFICATE OF DEATH

v	illage or Gity Hereston R 765.	St; Ward) [If death occurred in a hospital or institution.
	2 FULL NAME Sarah. 6 16	give its NAME instead of street and number.]
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3,51	4 COLOR OR RAGE SINGLE, MARRIED, MIRALE WIDOWED, ORDIVORCED (Write the word)	(Month) (Day) (Year)
6 D	ATE OF BIRTH (Month) (Day) (Year)	Meh 1 1914, to 4/26 6 1914. that I lest saw h & silve on A 26 6 1 1914.
TA	GE If LESS than 1 day, hrs. 28 ds. OR min.?	and that death occurred on the date stated above, st //- 30 Pm The CAUSE OF DEATH* was as follows: Cokronic Yalmlan heart
(a par (b) bus	OCUPATION) Trade, prefession, or ricular kind of work) General nature of industry, siness, or establishment in ich employed (or employer)	(Duration) 2 yrs. 3 mos. 10 ds
9 B (S	10 NAME OF FATHER Solomon J. Montgomery 11 BIRTHPLACE	(Secondary) (Secondary) (Ouration) yrs mos ds (Signed) J J J J M Address Drawns able
PARENT	(State or country) 12 MAIDEN NAME OF MOTHER	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state: (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS
	13 BIRTHPLACE OF MOTHER (State or country) Manyland	OR RECENT RESIDENTS). Af place In the of death yrs, mos, ds. Where was disease confracted,
	(Informant) Regaliah Best (My KNOWLEDGE) (Informant) Regaliah Best (Address) Revention, R. F. S.	If not at place of death? Former or usual residence. 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
15 Fil	of april 9, 1914 Emma Lo. Hounking Seputy REGISTRAN	20 UNDERTAKER ADDRESS , Le. L. Sumantlo Keedyonlle
	AT MOTE DIRING ATE DECUVE, REQUEST State Registra	r, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

WALKONE BERENKED

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[Approved by U. S. Census and American Public Health Association.]

material worked on may form part of the second cated thus: Farmer (retired 6 yrs.). ness. If retired from business, that fact may be indi-CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. duties of the household only (not paid Housekeepers mine, etc. fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. Never return "Laborer," Groccry; (a) Foreman, (b) Automobile factory. it should be used only when needed. As examples additional line is provided for the latter statement the nature of the business or industry, and therefore an cases, especially in industrial employments, it is necness of various pursuits can be known. The question who have no occupation whatever, write None. Servant, Cook, Housemaid, etc. If the occupation has Housewife, Housework, or At Home, and children, not who receive a definite saiary), may be entered as essary to know Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age tion is very important, so that the relative healthful-For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-Spinner, Women at home, who are engaged in the (b) Cotton mill; (a) Salesman, (a) the kind of work and also (b) For persons "Foreman," (6)

Statement of cause of death—Name, first, the dibrake Causing death—In any affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cercbrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcin-

ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." sepsis, tetanus) may be stated under the head injury, as fracture of skuli, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned such, if impossible to determine definitely. ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS State MEANS OF INJURY and quality as which surgical operation was undertaken. For vicmia," "PUERPERAL peritonitis," etc. State cause for childbirth or miscarriage, as "Puerperal septichaecause. Aiways qualify all diseases resulting from etc., when a definite disease can be ascertained as the inus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. ampie: Measles (disease causing death), 29 ds.; affection need not be stated unless important. valvular heart disease; Ohronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maileoma. Sarcoma. etc., of ... Accidental drowning; Struck by railway train—acci-The contributory (secondary or intercurrent) (Recommendations on statement of __ (name origin; "Can-Never report Examples:

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

MAY 2 1914
BUREAU, V.S.

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Very . 0 Instructions

ACE OF DEATH STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No... St.; Ward) a hospital or institution. give its NAME Instead of sfreet and number.] ATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3 SEX 5 SINGLE. 16 DATE OF DEATH 25 MARRIED Dung ORDIVERCED (Write the word) Month) (Day I HEREBY CERTIFY, That I attended deceased from DATE OF BIRTH ul 1863 (Month) (Day (Year) 7 AGE if LESS than and that death occurred on the date stated above, at 10 a.m. 1 day,hrs. The CAUSE OF DEATH* OR min. ? BOCCUPATION (a) Trade, protession, or particular kind of work (b) General nature of industry. business, or establishment in (Duration) which employed (or employer) 9 BIRTHPLACE (State or country) Contributory. Secondary (Doraflon) 10 NAME OF FATHER PARENTS 11 BIRTHPLACE (Address) OF FATHER (State or country *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDEN-12 MAIDEN NAME TAL, SUICIDAL, OF HOMICIDAL. OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTA 13 BIRTHPLACE Af place In the OF MOTHER (State or country) ot death ____ yrs. ___ mos. ___ ds. State yrs. ____ mos. _ Where was disease contracted. it not at place of death? ... Former or usual residence. DATE OF BURIAL 15

[If death occurred in

(Year)

mos / 0

ADDRESS

If more blanks are needed, address State Registrar, VE. Franklin St., Balto., Requesting V. S. No. 1.

REGISTRAR

20 UNDERTAKER

[Approved by U. S. Census and American Public Health Association.]

mine, etc. Women at home, who are engaged in the material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise speciof persons engaged in domestic service for wages, as who receive a definite salary), may be entered as duties of the household only (not paid Housekcepers the nature of the business or industry, and therefore an cases, especially in industrial employments, it is necwho have no occupation whatever, write Nonc. cated thus: Farmer (retired 6 yrs.) For persons CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Scrvant, Cook, Housemaid, etc. If the occupation has should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not fication as Day laborer, Farm laborer, Laborer-Coal Groccry; (a) Foreman, (b) Automobile factory. it should be used only when needed. As examples: additional line is provided for the latter statement; essary to know (a) the kind of work and also (b) Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question (a) Spinner, (b) Cotton mill; (a) Salesman, (b) For many occupations a single word or term on the tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

LENT DEATHS state MEANS OF INJURY and qualify as valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of...... (name origin; "Cansepsis, tctanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., such, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably mia," "PUERPERAL pcritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septichacmus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopncumonia (secondary), 10 ds. Never report affection need not be stated unless important. ture of the American Medical Association.) cause of death approved by Committee on Nomenclaby carbolic acid-probably suicidc. The nature of the dent; Revolver wound of head-homicide; Poisoned which surgical operation was undertaken. For vioetc., when a definite disease can be ascertained as the "Collapse," "Coma," "Convulsions," "Deblity" ("Con-"Contributory." Accidental drowning; Struck by railway train-acci-The contributory (secondary or intercurrent) Always qualify all diseases resulting from Measles (disease causing death), 29 ds.; "Senile," etc.), "Dropsy," "Exhaustion," (Recommendations on statement of



V. S. No. 1.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSIGIANS should state GAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very Important. See instructions on back of certificate. WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD

4241 PLACE OF DEATH



STATE OF MARYLAND CERTIFICATE OF DEATH

County WWW MIGHON	Registration Dist, No. 305
Village or City Hungy (Styl (No.)	St.; Ward) [if dealh occurred in a hospital or institution, give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL PERTIFICATE OF DEATH
4 COLOR OR RACE MARRIED, MIDOMED, MIDOMED, MIDOMED, OR ON ORGEO (Write the word)	16 DATE OF DEATH (Month) (Day (Year) 1// I HEREBY CERTIFY, That y attended deceased from
Month) (Day (Year)	that I last saw h un alive on un at all 1914.
7 AGE 2. 3 3. 29 1t LESS than 1 dayhrs. ORmin.?	and that death occurred on the date stated above, atm, The CAUSE OF DEATH* was as follows:
8 OCCUPATION (a) Trade, protession, or particular kind of work (b) General nature of Industry, business, or establishment in	(accidental)
which employed (or employer) 9 BIRTHPLACE (State or country)	Contributor Werth of Secondary Secondary (Duration) (Duration) (Duration) (Duration) (Duration)
10 NAME OF FATHER OF BELLEVILLE	(Rigged) MUllacus au M. D.
11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL
13 BIRTHPLACE OF MOTHER (State or country)	18 LANGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR ACCENT RESIDENTS) At place In the of death yrs. mos. ds
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant)	Where was disease contracted, If not at place of death? Former or usual residence.
15 Chills 4 th M Star DP	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL 20 UNDERTAKER ADDRESS
Filed 1917 Registran If more blanks are needed address State Registran	trar, 6 E. Franklin St., Balto, Requesting V. S. No. 1

[Approved by U. S. Census and American Public Health Association.]

cated thus: CAUSING DEATH, state occupation at beginning of ill-Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specimaterial worked on may form part of the second additional line is provided for the latter statement; essary to know (a) the kind of work and also (b) applies to each and every person, irrespective of age. who have no occupation whatever, write None. been changed or given up on account of the disease Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. As examples: the nature of the business or industry, and therefore an cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., For many occupations a single word or term on the ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-Spinner, If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Forcman," Farmer (retired 6 yrs.) For persons (b) Cotton mill; (a) Salesman, Farmer or Planter, (6)

Statement of cause of death—Name, first, the disease causing death—(the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) "Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." scpsis, tetanus) may be stated under the head injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, or as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. mia," "PUERPERAL peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septiehaccause. Always qualify all diseases resulting from ctc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. ample: Measles (disease causing death), 29 ds.; affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for mallgoma, Sarcoma, etc., of..... (name origin; "Can-The contributory (secondary or intercurrent) (Recommendations on statement of "Dropsy," "Exhaustion," Never report



N. W.

PLACE OF DEATH 4242	STATE OF MARYLAND CERTIFICATE OF DEATH
County Mashington	317
	Registered No.
Village or City Hagest lown (No.203,	St.; Ward) [if death occurred in a hospital or Institution, give its NAME instead of street and nomber.]
FULL NAME YESCUY I	Ologen
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL GERTIFICATE OF DEATH
SEX 4 COLOR OR RACE 5 SINGLE, MARRIED,	18 DATE OF DEATH Offil 2 1914
Male White (Write the word)	(Month) (Day) (Year)
B DATE OF BIRTH	apr. 20 1914 to apr - 20 - 1914.
March 18, 1914	that I last saw him alive on apr - 20 1914
(Month) (Day) (Year) 7 AGE If LESS than	and that death occurred on the date stated above, at \$-30 a.m.
1 day,hrs.	The CAUSE OF DEATH* was as follows:
mos. fs. OR mln.?	
(a) Trade, profession, or	Marsones
particular kind of work (b) General nature of industry,	(8.4)
business, or establishment in which employed (or employer)	(Ouration) yrs. mos. ds.
9 BIRTHPLACE (State or country)	Contributory(Secondary)
10 NAME OF A	(Ouration)yrsmosds.
FATHER James J. Blogge	(Signed) M. D.
OF FATHER OF	Upr. 20, 1914 (Address) Hag and forwar, Mid
OF FATHER (State or country) Taisvisus Mid	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL.
of MOTHER Msam. Hollut	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, or RECENT RESIDENTS)
13 BIRTHPLACE OF MOTHER (State or country) Broa Afording Mal	At place in the of death yrs. mos. ds. State yrs, mos. ds.
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, If not at place of death?
(Informant) James J. Blogar	Former or usual residence
20 Bores fromm a St Hagareburn	19 PLACE OF BURIAL OR REMOVAL & DATE OF BURIAL
16 2/ C)	St Paul mar let Earspring april 22, 1914
Filed 422, 1914 Bury Laurs	& Keller Green Hagestown Ind
	er, 6 E. Franklin St., Balto., Requesting V. S. No. 1,
//	my a me a commercial or activity many many many many many many many man

[Approved by U. S. Census and American Public Health
Association.]

duties of the household only (not paid Housekeepers Civil engineer, Stationary freman, etc. But ln many applies to each and every person, irrespective of age cated thus: Farmer (retired 6 yrs.). For persons CAUSING DEATH, state occupation at beginning of ill-Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care mine, etc. fication, as Day laborer, Farm laborer, Laborer "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. the nature of the business or industry, and therefore an cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., ness of various pursuits can be known. The question tion is very important, so that the relative healthfulwho have no occupation whatever, write None. been changed or given up on account of the DISEASE Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as (a) Spinner, (b) Cotton mill; (a) Salesman, (b) additional line is provided for the latter statement; essary to know (a) the kind of work and also (b) For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," Farmer or Planter, As examples: "Foreman,"

Statement of cause of death—Name, first, the disease causing death—In always the same accepted time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcin-

cause of death approved by Committee on Nomencla-"Contributory." injury, as fracture of skull, and consequences (e. g., dent; Revolver wound of head-homicide; Polsoned such, if impossible to determine definitely. ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. mia," "PUERPEBAL peritonitis," etc. State cause for childbirth or miscarriage, as "Purperal septichaecause. Always qualify all diseases resulting from etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," Bronchopncumonia (secondary), 10 ds. Never report ample: Meastes (disease causing death), 29 da.; affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis. nant neoplasms); Measles; Whooping cough; Chronio cer" is less definite; avoid use of "Tumor" for maligture of the American Medical Association.) by carbolic acid-probably suicide. The nature of the Accidental drowning; Struck by railway train-accimere symptoms or oma. Sarcoma. etc., of The contributory (secondary or intercurrent) tctanus) may be stated under the head (Recommendations on statement of terminal conditions, such as "As-(name origin; "Can-Examples: For VIO-



B. No. 1.

m ż

AGE should be stated EXACTLY. PHYSICIANS should state properly classified. Exact statement of OGGUPATION is very RECORD PERMANENT 4 WRITE PLAINLY, WITH UNFADING INK-THIS IS carefully supplied. Every Item of information should be carefully su CAUSE OF DEATH in plain terms, so that it m important. See instructions on back of certificate.

PLACE OF DEATH 4243 Village or City Hazzestown (No. 138 MinTa St.

STATE OF MARYLAND CERTIFICATE OF DEATH

[It death occurred in a hospital or institution, give its NAME instead

	FULL NAME Still 15	of street and number.]
-	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SE		16 DATE OF DEATH (Month) (Day) (Year) 17 I HEREBY CERTIFY, That I attended deceased from
6 D.	ATE OF BIRTH Aut S , 1914 (Month) (Day) (Year)	that I last saw h alive on, 191, and that death occurred on the date stated above, at m, The CAUSE OF DEATH* was as follows:
(a) pai (b) busi whi	Trads, profession, or ricular kind of work. General nature of Industry, inness, or establishment in ich employed (or employer) IRTHPLACE tate or country) Aggistown And	(Duration) yrs mes ds. Contributory (Secondary) (Dsration) yrs mos ds.
ARENTS	11 BIRTHPLACE OF FATHER (State or country) Amisfort Ind 12 MAIDEN NAME	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
147	13 BIRTHPLACE OF MOTHER (State or country Big Roll THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) Dillians a Softe	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place lo the ot death yrs, mos, ds, State yrs, mos, ds, Where was disease contracted, If not at place et death? Former or
16	138 (Alfres in the St Hages stown ha 180 4-9-, 1914 Herry Davis REGISTRAR	19 PLACE OF BURIAL OR REMOVAL MA DATE OF BURIAL ROTE Hill Hagasslown April 9, 1914. 20 UNDERTAKER SKella Johnson Hagasslown
	If more blanks are needed, address State Registre	ar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.). For persons ness. If retired from husiness, that fact may be indi-CAUSING DEATH, state occupation at heginning of Illof persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfuily employed, as At school or At home. Housewife, Housework, or At Home, and children, not duties of the household only (not paid Housekeepers fication, as Day laborer, Farm laborer, Laborer "Manager," "Dealer," etc., without more precise specistatement. Grocery; (a) Foreman, (b) Automobile factory. it should he used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age ness of various pursuits can be known. The question tion is very important, so that the relative healthfulwho have no occupation whatever, write None. been changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has who receive a definite salary), may be entered as mine, etc. material worked on may form part of the second (a) Spinner, (b) Cotton mill; (a) Salesman, For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-Women at home, who are engaged in the Never return "Laborer," As examples: "Foreman,"

Statement of cause of death—Name, first, the DISKASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cercbrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar partimonia; Bronchopneumonia ("Pneumonia," unqualiti 1 is indefinite); Tuberculosis of lungs, meningitic, peritonaeum, etc.. Carcin-

cause. Always qualify all diseases resulting from dent; Revolver wound of head-homicide; Polsoned such, if impossible to determine definitely. ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably mia," "PUERPERAL peritonitis," childhirth or miscarriage, as "Purrpural septichaeetc., when a definite disease can he ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse." "Coma," "Convuisions," "Debility" ("Con-Bronchopneumonia (secondary), 10 ds. Never report ample: Meastes (disease causing affection need not he stated unless important. valvular heart disease; Chronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronio cer" is less definite; avoid use of "Tumor" for mailgture of the American Medical Association.) cause of death approved by Committee on Nomencia-"Contributory." injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the Accidental drowning; Struck by railway train—acci-LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. genitai," thenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asoma. Sarcoma. etc., of . The contributory (secondary or intercurrent) tctanus) may he stated under the head of "Senile," etc.), "Dropsy," "Exhaustion," (Recommendations on statement of etc. State cause for (name origin; "Candeath), 29 ds.; Examples: For VIO-



RECORD

f	PLACE	OF	DEATH	4	9	1	1
				6.3		6.5	Sand

County WASHINGTON



STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No.

/illage or	CITY HAGERSTOWN	(No73
------------	-----------------	-------

WEST WASHINGTON 2" Ward)

[If death occurred in a hospital or institution, give its NAME instead of street and nomber.]

CHARLES C. BRAKE FULL NAME...

	PERS	SONAL AND STATISTIC	CAL PARTICULA	ARS	MEDICAL CERTIFICA	TE OF DEATH
3 8	MALE	*COLOR OR RACE	5 SINGLE, MARRIED, WIDOWED, ORDIVORGEO DI (Write the Re	R&ED.	16 DATE OF DEATH (Month	
6 D	ATE OF BIR	APRIL (Month)	6"	, , 873.	that I last saw h wine slive on.	That I attended deceased from 45'Ph 4 24, 1914. Refined 24, 1914.
7 A	3 E	41 0	mas 18 ds	(Year) If LESS than f day,hrs. ORmin.?	and that death occurred on the date of the CAUSE OF DEATH* was as follows:	stated above, at 3,45P m.
(a) pai (b) bus whi	CCUPATION Trada, profession ticular kind of General nature iness, or esta ch amployed (or RTHPLACE (State or co	on, or R. R. work R. R. of Industry, blishmenf in thith thin the r employer)	CONDUCT	OR	(Ouratio) / yrs nos ds.
	10 NAME OF FATHE	PENNA. PENNA. ISRAEL B			(Signed) MEMomoco (Signed) (Address)	
PARENTS	(State	or country) PEN.	NA. GELWICKS		*State the DISEASE CAUSING DEAT CAUSES, state (1) MEANS OF INJUITAL, SUICIDAL, OF HOMICIDAL.	
		LACE THER OF COUNTRY). PEI IS TRUE TO THE BEST MRS. ETTA I	NNA. T OF MY KNOW! BRAKE	LEDGE		the state yrs, mos, ds
16 File	(Address).	# 739 W. W.	ASHINGTON	evis	19 PLACE OF BURIAL OR REMOVAL ROSE HILL CEMETERY 20 UNDERTAKER C. M. SUTER & SON	APRIL 27", 1914 ADDRESS HAGERSTOWN MD

[Approved by U. S. Census and American Public Health Association.]

Servant, Cook, Housemaid, etc. If the occupation has cated thus: Farmer (retired 6 yrs.) For persons CAUSING DEATH, state occupation at beginning of illof persons engaged in domestic service for wages, as should be taken to report specifically the occupations dnties of the honsehold only (not paid Housekeepers mine, etc. Women at home, who are engaged in the fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. who have no occupation whatever, write None. been changed or given up on account of the DISEASE gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who reecive a definite salary), may be entered as material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-(a) Spinner, (b) Cotton mill; (a) Salesman, Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Never return "Laborer," As examples: "Foreman," (0)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

cause of death approved by Committee on Nomenclasepsis, tetanus) injnry, as fracture of skull, and consequences (e. g., such, if impossible to determine definitely. Examples: mia," "PUERPERAL peritonitis," etc. State canse for childbirth or miscarriage as "Puerperal septiehaeetc., when a definite disease can be ascertained as the mns," "Old Age," "Shock," "Uraemia," "Weakness," "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report ample: Measles (disease eausing death), 29 ds.; affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for malig oma, Sarcoma, etc., of..... (name origin; "Canture of the American Medical Association.) "Contributory." by earbolic acid-probably suicide. dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. "Heart failnrc," "Haemorrhage," "Inanition," "Marasgenital," "Scnile," etc.), "Dropsy," "Exhanstion," The contributory (secondary or intercurrent) Always qualify all diseases resulting from (Recommendations on statement. of may be stated under the head The nature of the



PLACE OF DEATH 4945	STATE OF MARYLAND
County Mashington	CERTIFICATE OF DEATH
County / annuage	Registered No. 30/
Village or Sty Mallamsport, No.	St; Ward) [It death occurred in a hospital or institution, give its NAME instead of street and number,]
* FULL NAME Deorge 121	essey of street and number.
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDDWED, Sungle	(Month) (Day) (Year)
Male Megrol (Write the word)	17 I HEREBY CERTIFY, That I attended deceased from
date of BIRTH Not Known	, 191, to, 191,
(Month) (Day) (Year)	that I last saw h alive on
TAGE about 1 day	and that death occurred on the date stated above, at 2.36 m,
yrs 30 mos, ds. or min.?	The CAUSE OF DEATH* was as follows:
© OCCUPATION	stell-sex tone
(a) Trade, profession, or Sceleover	drowning in ()
(b) General nature of industry, business, or establishment in	
which employed (or employer)	(Duration) yrs mos ds
State or country) Maryland	Contributory (Secondary) (Secondary) (Opration) yrs mos ds.
10 NAME OF ADMINING BOLDSON	(Signed) Walter Layware, y. D.
O 11 BIRTHPLACE	Oft. 16, 1914 (Addross) Millianis fort, Mel
11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER 7 A 6	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL.
of MOTHER Not Known	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS TRANSIENTS
13 BIRTHPLACE OF MOTHER (State or country) Mot Known	At place in the ot death yrs mos ds.
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, If not at place of death?
Informant) C D White M D	Former or usual residence
(Address) Coolsville Md	19 PLACE OF BURIAL OF REMOVAL DATE OF BURIAL
Filed Ahr. 16, 191 4 6, E. Rickard	20 UNDERTAKER ADDRESS
Jorgal REGISTRAR	Lewis Whips of m & port my
If more blanks are needed, address State Registra	r, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.). For persons CAUSING DEATH, state occupation at beginning of illof persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. duties of the household only (not paid Housekeepers "Manager," "Dealer," etc., without more precise speciit should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthfuiwho have no occupation whatever, write None. been changed or given up on account of the nisease Scrvant, Cook, Housemaid, etc. If the occupation has who receive a definite salary), may be entered as fication, as Day laborer, Farm laborer, Laborer statement. material worked on may form part of the second (a) Spinner, (b) Cotton mill; (a) Salesman, (b) Groecry; (a) Foreman, (b) Automobile factory. The essary to know (a) the kind of work and also (b) Civil engineer, Stationary freman, etc. For many occupations a single word or term on the Housewife, Housework, or At Home, and children, not minc, etc. Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," But in many "Foreman,"

Statement of cause of death—Name, first, the disease causing death—Is affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia unquaiified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcinosis of lungs, meninges, peritonaeum,

scpsis, tctanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the such, if impossible to determine definitely. ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably mia," "Puesperal peritonitis," etc. State cause for childbirth or miscarriage, as "Puraperal septichacetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "ITeart failure," "Haemorrhage," "Inanition," "Maras-"Collapse." "Coma," "Convuisions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis nant neopiasms) : Heasles; Whooping cough: Chronic cer" is icss definite; avoid use of "Tumor" for mailg ture of the American Medical Association.) cause of death approved by Committee on Nomencla "Contributory." dent; Revolver scound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. merc symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report ampie: Measles (disease causing death), 29 ds., oma. Sarcoma. etc., of . The contributory (secondary or intercurrent) Always qualify all diseases resulting from "Senile." etc.), "Dropsy," "Exhaustion," (Recommendations on statement of (name origin: "Can-Examples:



1 PLACE OF DEATH Very PHYSICIANS should of OCCUPATION IS RECORD PERSONAL AND STATISTICAL PARTICULARS PERMANENT 3 SEX 4 COLOR OR RACE 5 SINGLE. MARRIED. WIDOWED, ORDIVORCED (Write the word) classified. pe (Day TAGE THIS properly BOCCUPATION AGE (a) Trade, profession, or particular kind of work. be supplied. (b) General nature of industry. UNFADING business, or establishment in may which employed (or employer) certificate. 9 BIRTHPLACE (State or country) that 10 NAME OF FATHER 80 of WITH back terms, ARENTS 11 BIRTHPLACE should OF FATHER (State or country) 12 MAIDEN NAME piain instructions OF MOTHER = 13 BIRTHPLACE 1 OF MOTHER (State or country) DEATH WRITE ō OF item Every item CAUSE OF important. (Address) 15 8 Z If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

1888

(Year)

If LESS than

1 day hrs.

OR 7

REGISTRAR

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No.

Ilf death occurred in a hospital or institution. give its NAME instead of street and number. I

16 DATE OF DEATH (Month) (Day (Year) I HEREBY CERTIFY, That I attended deceased from and that death occurred on the date stated above, at 8,40 a m The CAUSE OF DEATH* was as follows: (Duration) Contributory Secondary (Siznec *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL SUICIDAL, OR HOMICIDAL. 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS. OR RECENT RESIDENTS Af place in the of death _____ yrs. __ _ mos. ... ds. State Where was disease contracted. if not at place of death? Former or osual residence OR REMOVAL DATE OF BURIAL .., 191.4 20 UNDERTA ADDRESS

[Approved by U. S. Census and American Public Health Association.]

cases, especially in industrial employments, it is necness of various pursuits can be known. The question tion is very important, so that the relative healthful-Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The (a) Spinner, (b) Cotton mill; (a) Salesman, it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age cated thus: Farmer (retired 6 yrs.) For persons causing death, state occupation at beginning of illbeen changed or given up on account of the disease who have no occupation whatever, write None. Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi--Women at home, who are engaged in the Never return "Laborer," "Foreman," (4)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) 'Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

oma, Sarcoma, etc., of...... (name origin; "Cannant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," genital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," ample: Mcastes (disease causing death), 29 ds.; affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis injury, as fracture of skull, and consequences (e. g., such, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. mia," "PUERPERAL peritonitis," etc. childbirth or miscarriage as "Puerperal septichae-"Heart failure," "Haemorrhage," "Inanition," "Marasmere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-The contributory (secondary or intercurrent) tetanus) may be stated under the head Always qualify all diseases resulting from (Recommendations on statement of State cause for

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RECEIVED

MAY 7 1914

BUREAU, V.S.

relunston CERTIFICATE OF DEATH PHYSICIANS should of OCCUPATION IS Registration Dist. No.4 (No. 078 Ilf death occurred in RECORD a hospital or institution. give Its NAME Instead of street and number. I PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH PERMANENT EXACTLY. 3 SEX 5 SINGLE. 16 DATE OF DEATH 4 COLOR OR RACE MARRIED. WIDOWED. BINDING (Write the word) (Month) (Day (Year) I HEREBY CERTIFY, Part I attended deceased 6 DATE OF BIRTH classified. (Month) (Day (Year) TAGE If LESS_than 40 1 day, 5 hrs. Wrs mos OWYs OR 7 properiy 6 OCCUPATION (a) Trade, profession, or ۵ particular kind of work. (b) General nature of industry. business, or establishment in UNFADING Duration) which employed (or employer) 9 BIRTHPLACE (State or country) Secondar (Doration) 10 NAME OF FATHER ARENTS 11 BIRTHPLACE OF FATHER (State or country) *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL. 12 MAIDEN NAME ATH in plain instructions OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALE, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) 13 BIRTHPLACE At place OF MOTHER (State or country) In the of death yrs. mos. State yrs. __ Where was disease contracted. If not at place of death?-Former or usual residence 0 Important. DATE OF BURIAL (Address)..... CAUSI 15 No. ADARESS υż REGISTRAR If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1

STATE OF MARYLAND

PLACE OF DEATH

[Approved by U. S. Census and American Public Health Association.]

should be taken to report specifically the occupations cated thus: Farmer (retired 6 yrs.) For persons CAUSING DEATH, state occupation at beginning of ill-Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers "Manager," "Dealer," etc., without more precise speciwho have no occupation whatever, write None. been changed or given up on account of the DISEASE gainfully employed, as At sehool or At home. Care Housewife, Housework, or At Home, and children, not mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal statement. Groeery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an eases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of agc. ness of various pursuits can be known. The question material worked on may form part of the second (a) Spinner, essary to know (a) the kind of work and also (b) For many occupations a single word or term on the tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never (b) Cotton mill; (a) Salesman, return "Laborer," As examples: "Foreman," (4)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic eerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lodar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

cause of death approved by Committee on Nomenelainjury, as fracture of skull, and consequences (e. g., sepsis, tetanus) may be stated under the head of LENT DEATHS state MEANS OF INJURY and qualify as mia," "PUERPERAL peritonitis," etc. State childbirth or miscarriage as "Puerperal septiehae mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Maras-"Coliapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asaffection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of...... (name origin; "Canture of the American Medical Association.) "Contributory." by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably which surgical operation was undertaken. etc., when a definite disease can be ascertained as the Bronchopncumonia (secondary), 10 ds. The contributory (secondary or intercurrent) Always qualify all diseases resulting from Meastes (disease causing death), 29 ds.; "Senile," etc.), (Recommendations on statement of "Dropsy," "Exhaustion," Never report cause for For vio-

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MAY 7 1914 BURBAU, V.S.

SICIANS shoul RECORD PERMANENT 0 Ш ERV ES certifica of Z Instructions = DEAT 0 PO mportant. ш CAUS

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STATE OF MARYLAND 1 PLACE OF DEATH CERTIFICATE OF DEATH Registration Dist. No. 3.0.6 lif death occurred inWard) a hospital or lostitution, give its NAME instead of street and number.] PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3 SEX 4 COLOR OR RACE 5 SINGLE, 16 DATE OF DEATH MARRIED. ORDIVORCED Manual (Write the word) (Month) (Day 17 I HEREBY CERTIFY, That I attended deceased from 4. 1914 to april (Month) (Day (Year) 7 AGE If LESS than and that death occurred on the date stated above f dayhrs. The CAUSE OF DEATH * was as follows: OR 7 BOCCUPATION (a) Trade, profession, or particular kind of work. (b) General nature of industry, business, or establishment in (Duration) which employed (or employer) BIRTHPLACE Contributory Secondary (State or country) 10 NAME OF FATHER (Signed) ARENTS 11 BIRTHPLACE OF FATHER (State or country, *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. 12 MAIDEN NAME OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) 13 BIRTHPLACE At place in the OF MOTHER (State or country) of death yrs. mos ds. State ____ yrs. ___ mos. Where was disease contracted. If not at place of death? Former or usual residence. DATE OF BURIAL 1.5 20 UNDERTAKER ADDRESS REGISTRAR

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No.

[Approved by U. S. Census and American Public Health Association.]

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thenia," "Anaemia" (merely symptomatic), "Atrophy," valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of...... (name origin; "Canmus," "Old Age," "Shock," "Uraemia," "Weakness," mere symptoms or terminal conditions, such as "Asaffection need not be stated unless important. such, if impossible to determine definitely. Examples: LENT DEATHS State MEANS OF INJURY and qualify as mia," "Tuerperal peritonitis," etc. childbirth or miscarriage as "Puerperal septiehaeetc., when a definite disease can be ascertained as the genital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse," "Coma," "Convulsions," "Debility" ("Con-Bronchopneumonia (secondary), 10 ds. ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." scpsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e.g., by earbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Aceidental drowning; Struck by railway train-acei-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably which surgical operation was undertaken. For vio-"Heart failure," "Haemorrhage," "Inanition," "Maras-The contributory (secondary or intercurrent) Always qualify all diseases resulting from Measles (disease causing death), 29 ds.; (Recommendations on statement of State cause for Never report

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Car

RECORD

V. S. No. 1.

4249 1 PLACE OF DEATH

WASHINGTON

County...



STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No.

HAGERSTOWN S. CANNON AVE. St; 3" Ward) Village or City.

[It death occurred to a hospital or inetitution, give Ite NAME Inetead of etreet and nomber.]

MRS. EMMA J. DERR. FULL NAME

	PERS	ONAL AND STATISTIC	CAL PARTICUL	ARS	MEDICAL CERTIFICAT	E OF DEATH
3 SE	EMALE	*COLOR OR RACE WHITE	5 SINGLE, MARRIED, WIDOWED, ORDIVORCED, (Write the	ARIED.	16 DATE OF DEATH April (Month)	(Day , 191 4 (Year)
8 DA	TE OF BIR	TH			101.	hat I attended deceased from
		MAY (Month)	18"	, <u>/ 856</u>	that I last aaw helt alive on R	epre /6 1914
7 AG		57 _{yrs} 10	28	It LESS than 1 day, hrs. ORmin.?	and that death occurred on the date a The CAUSE OF DEATH* was as follo	ws:
(a) part (b)	CCUPATION Trade, protession ticular kind of General nature	on, or HOUSE-WI work HOUSE-WI	FE	***************************************	Lo prome Co	udnordetio
9 BII	ness, or eeta ch employed (or RTHPLACE (State or co	employer)	*************		Contributory Gy Raus	
	(State of Co	PENNA	•		1	3
	10 NAME O	SAMUEL NU	NAMAKER.		(Signed) e M Wer) Jrs
ARENTS	11 BIRTHP OF FAT (State	HER or country) PENNA			*State the DISEASE CAUSING DEATH	Justina Jor in deaths from VIOLENT
PAR	12 MAIDEN OF MO		TTA YONT	Z	TAL, SUICIDAL, OF HOMICIDAL.	(; And (2) whether Acciden-
	13 BIRTHP OF MOT (State	HER or country) PENN	Λ.		At place of death yrs mos de. S	the
	HE ABOVE		DERR	LEDGE	Where was disease contracted, It not at place of death? Former or usual residence	
16	(Addrees).	#348 S. CA	NNON AVE	•	19 PLACE OF BURIAL OR REMOVAL ROSE HILL CEMETERY	APRIL 20,191 4
File	4-2	10 1914 HO	eury !	Davis REGISTRAR	20 UNDERTAKER C. M. SUTER & SON	ADDRESS HAGERSTOWN MD

requesting v. S. No. I.

[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.) For persons should be taken to report specifically the occupations who receive a dcfinite salary), may be entered as duties of the household only (not paid Housekeepers the nature of the business or industry, and therefore an Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, who have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the nisease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. additional line is provided for the latter statement; essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. But in many For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-(a) Spinner, (b) Cotton mill; (a) Salesman, Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," As examples: "Foreman," (4)

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V. S. No. 1.

N. B.

-Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD

PLACE OF DEATH 4250	STATE OF MARYLAND
County Hashington	CERTIFICATE OF DEATH
	Registration Dist. No. 30 L
Village or City Horguntony (No 18)	St.; Ward) If death occurred in
	a hospital or institution, give its NAME instead
FULL NAME James Ara	of street and number.]
PERSONAL AND STATISTICAL PARTICULARS 3 SEX 4 COLOR OR BACE 5 SINGLE,	MEDICAL CERTIFICATE OF DEATH
Male Block (Write the word)	16 DATE OF DEATH (Month) (Day (Year)
6 DATE OF BIRTH	17 I hEREBY CERTIFY, That I attended deceased from
1820	1914, to 1914, 1914
(Month) (Day (Year)	that I last saw harmanive on Juf 11914
T AGE It LESS than	and that death occurred on the date stated above, at & Comm
9 4 yrs	The CAUSE OF DEATH* was as follows:
BOCCUPATION	Heast diares & Lighthis
(a) Trade, protession, or particular kind of work	
(b) Seneral nature of industry,	
business, or establishment in which employed (or employer)	(Duration) yrs. a mos. ds
9 BIRTHPLACE (State or country)	Contributory Theusenshing
10 NAME OF FATHER	(Signed) (Duration) yrs mos di
of Father (State or country) June 18 18 18 18 18 18 18 18 18 18 18 18 18	This 13, 1914 (Address) Hagerston Me
OF FATHER (State or country) Juny Runn 12 MAIDEN NAME OF MOTHER OF MOTHER	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLEN: CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
13 BIRTHPLACE OF MOTHER (State or country) 9 1	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS OR RECENT RESIDENTS) At place In the
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	of deathyrsmosds. Stateyrsmosds. Where was disease contracted.
A Second Second	If not at place of death?
(Interment)	Former or osual residence.
(Address) Haguston MA	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
16 4/	Pease 1811 1/13 ,1914
Filed 1/14, 1914 Henry places	20 UNDERTAKER ADDRESS
REGISTRAR	Hathur Murinel Hag Md.
If more blanks are needed, address State Regis	trar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specimaterial worked on may form part of the second additional line is provided for the latter statement; cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthfulwho have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.) For persons CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has duties of the household only (not paid Housekcepers statement. Grocery; (a) Foreman, (b) Automobile factory. The (a) Spinner, (b) Cotton mill; (a) Salesman, it should be used only when needed. As examples: the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) Civil engineer, Stationary fireman, etc. But in many For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman,"

Statement of cause of death—Name, first, the disease causing death—(the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synodym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) : Typhoid fever (never report "Typhoid desired pneumonia"); Lodar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

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STATE OF MARYLAND 1 PLACE OF DEATH Very CERTIFICATE OF DEATH 2 pinous PHYSICIANS shou Registration Dist. No. PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH EXACTLY. 3 SEX 16 DATE OF DEATH 4 COLOR OR RACE 5 SINGLE, MARRIED. Marriell WIDD WED, (Month) (Write the word) DATE OF BIRTH classified. pe (Month) (Day 7 AGE If LESS than should 1 day,....hrs. OR nin. ? properly AGE BOCCUPATION (a) Trade, profession, orparticular kind of work. supplied. pe (b) General nature of industry, business, or establishment in may (Duration) which employed (or employer) 9 BIRTHPLACE (State or country) Contributory Secondary that 10 NAME OF FATHER (Signed) 80 0 back 11 BIRTHPLACE OF FATNER (State or country) terms, ARENTS hould *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL. 12 MAIDEN NAME plain Instructions OF MOTHER 16 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT REGIDENTS) 드 13 BIRTHPLACE At place OF MOTHER (State or country) was disease confracted 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE ō Q OF Item Every Item CAUSE OF Important. (Address) 15 20 UNDERTAKER

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

REGISTRAR

fif death occurred in a hospifal or institution,

(Year)

give its NAME instead of streef and number.]

attended deceased from

DATE OF BURIAL

ADDRESS

(Day

[Approved by U. S. Censns and American Public Health Association.]

material worked on may form part of the second cated thus: CAUSING DEATH, state occupation at beginning of ill-Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. Women at home, who are engaged in the fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthfulwho have no occupation whatever, write None. been changed or given up ou account of the DISEASE (a) Spinner, For many occupatious a single word or term on the Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Never return "Laborer," "Foreman," Farmer (retired 6 yrs.) (b) Cotton mill; (a) Salesman, For persons (4)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";): Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

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If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

MAY 7 1914
BUREAU, V.S.

Co	PLACE OF DEATH 4252 unty Las Augustus	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. 3//
Vill	lage or City Deers Damastille (No,	St.; Ward) [If death occurred a hospital or institution give its NAME instead of street and numbar.]
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 si	4 COLOR OR RACE Single, MARRIED, WIDOWED, ORDIVORCED (Write the word)	16 DATE OF DEATH (Month) (Day (Year 17 / I HEREBY CERTIFY, That I attended deceased fr
6 D	ATE OF BIRTH 25, 1552 (Month) (Day (Year)	that I last saw he alive on apple 28, 191
TAC		and that death occurred on the date stated above, at 3:/1-P
	6/ yrs 5-mos 3 ds OR min.?	The CAUSE OF DEATH* was as follows:
(a) pai (b) bus	OCCUPATION OTrade, profession, or ricular kind of work. General nature of industry, iness, or establishment in	(Duration) 5 yrs mos
9 BI	RTHPLACE (State or country) Ouanufand	Gontributory
	10 NAME OF Hagerences	(Signed) 1.M. Received mos.
PAREN	11 BIRTHPLACE OF FATHER (State or country)	*State the DISPASE CAUSING DRATH OF In deaths from Vice
	12 MAIDEN NAME OF MOTHER OF	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLI CAUSES, state (1) MEANS OF INJURY; and (2) whether Accid TAL, SUICIDAL, or HOMICIDAL.
	13 BIRTHPLACE OF MOTHER (State or country) Demosilvaria	16 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIES OR RECENT RESIDENTS) At place In the of death
	(Informant) Pyra Franchischer	If not at place of death? Former or usual residence.
	(Address) Sharlssburg	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
16		Marry Commercial West, 30 101

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

REGISTRAR

ADDRESS

[Approved by U. S. Census and American Public Health Association.]

who have no occupation whatever, write Nonc. cated thus: Farmer (retired 6 yrs.) For persons CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the misease Scrvant, Cook, Housemaid, etc. If the occupation has should be taken to report specifically the occupations fication as Day laborer, Farm laborer, Laborer-Coal Grocery; (a) Foreman, (b) Automobile factory. the nature of the business or industry, and therefore an Physician, Compositor, Architect, Locomotive engineer, of persons engaged in domestic service for wages, as gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second it should be used only when needed. additional line is provided for the latter statement; essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. But in many first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-(a) Spinner, (b) Cotton mill; (a) Salesman, For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," As examples: "Foreman," The (0)

Statement of cause of death—Name, first, the misease causing nearth (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Cronp";) Typhoid fever (never report "Typhoid pnenmonia"); Lobar pneumonia; Bronchopneumonia ("Pnenmonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

cause of death approved by Committee on Nomenclasepsis, tetanus) may be stated under the head of injnry, as fracture of skull, and consequences (e. g., such, if impossible to determine definitely. Examples: mia," "Puerperal peritonitis," etc. thenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asnant neoplasms); Measles; Whooping cough; Chronic ture of the American Medical Association.) "Contributory." by carbolic acid-probably suicide. The nature of the Accidental drowning; Struck by railway train-acci-LENT DEATHS state MEANS OF INJURY and qualify as childbirth or miscarriage as "Puerperal septichae-"Heart failure," "Haemorrhage," "Inauttion," "Maras "Collapse," "Coma," "Couvulsions," "Debility" ("Conaffection need not be stated unless important. oma, Sarcoma, etc., of..... ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as which surgical operation was undertaken. etc., when a definite disease can be ascertained as the Bronchopneumonia (secondary), 10 ds. calvular heart disease; Chronic interstitial nephritis. is less definite; avoid use of "Tumor" for malig The contributory Revolver wound of head-homicide; Poisoned "Old Age," "Shock," "Uraemia," "Weakness," Always qualify all diseases resulting from Meastes (disease cansing death), 29 ds.; "Senile," etc.), (Recommendations on statement of (secondary or intercurrent) "Dropsy," "Exhaustion," (name origin; "Cau-State canse for Never report probubly For vio-



STATE OF MARYLAND CERTIFICATE OF DEATH OCCUPATION IS Registration Dist. No PHYSICIANS Ilt death occurred in St.:---Ward) RECORD a hospital or Institution. give its NAME instead of street and number. I **Exact** statement PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH PERMANENT EXACTLY. 5 SINGLE. MARRIED. WIDOWED, ORDIVORCED (Write the word) (Year) classified. (Month) (Day (Year) TAGE If LESS than and that death occurred on the date stated above, at 1 day hrs. OR 7 properly BOCCUPATION (a) Trade, profession, or INK particular kind of work. supplied. pe (b) General nature of Industry. UNFADING business, or establishment in may which employed (or employer) 9 BIRTHPLACE (State or country) Secondary certifical 10 NAME OF 80 50 back OF FATHER (State or country PARENTS Houcock *State the DISEASE CAUSINO DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. 12 MAIDEN NAME plain Instructions OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS OR RECENT RESIDENTS = 13 BIRTHPLACE Af place OF MOTHER (State or country) In the DEATH ot death _____ yrs. ____ mos. ____ ds. State _____ yrs, ____ mos. Where was disease contracted. It not at place of death? Jo Former or OF Important. usual residence CAUSE 15 Jans N.B. REGISTRAP If more blanks are needed, address State Registrar, & E. Franklin St., Balto., Requesting V. S. No. 1.

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[Approved by U. S. 'Census and American Public Health Association.]

the nature of the business or industry, and therefore an who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.) For persons CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. additional line is provided for the latter statement; essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Servant, Cook, Housemaid, etc. of persons engaged in domestic service for wages, as (a) Spinner, Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman," (b) Cotton mill; (a) Salesman, If the occupation has As examples: (4)

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valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maliginjury, as fracture of skull, and consequences (e. g., ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. mia," "Publical peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septiehacetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failurc," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asoma, Sarcoma, etc., of...... (name origin; "Canture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." sepsis, tetanus) may be stated under the head of Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: Bronchopneumonia (secondary), 10 ds. Never report ample: affection need not be stated unless important. by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned The contributory (secondary or intercurrent) Always qualify all diseases resulting from Measles (disease causing (Recommendations on statement of death), 29 ds.; "Exhaustion," For VIO-



PLAINLY, WITH UNFADING INK-THIS IS

RECORD

A PERMANENT

-Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in pialn terms, so that it may be properly classified. Exact statement of OCCUPATION is very Important. See instructions on back of certificate.

WRITE

N. B.-

1 PLACE OF PEATH Lagerston (No. Work Co Nospita



STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No. 302

(st.; Ward)	[If death occurred la a hospital or institution,		
	give its NAME instead		

	FULL NAME Saylor Eur	uest	of street and number.]
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE	OF DEATH
3 s	ex 4 color or race 5 single, MARRIED, WIDOWED, WIDOWED, Write the word)	16 DATE OF DEATH Month	22 ,191.4 (Day (Year)
6 D	ATE OF BIRTH (Month) (Day (Year)	that I last saw h. Le alive on.	14 1 24 191/4 July 2 24 191/4
7 A		and that death occurred on the date stat The CAUSE OF DEATH* was as follows	: '\
(a pa	CCUPATION () Trade, profession, or	Chronic rephilo	
	10 NAME OF FATHER 11 BIRTHPLACE (State or country) 12 MAIDEN NAME OF MOTHER 13 BIRTHPLACE OF MOTHER (State or country) 14 MAIDEN NAME OF MOTHER (State or country) 15 BIRTHPLACE OF MOTHER (State or country) 16 MOTHER (State or country) 17 MAIDEN NAME OF MOTHER (State or country)	*State the DISEASE CAUSING DEATH, CAUSES, state (1) MEANS OF INJURY; TAL, SUICIDAL, OF HOMICIDAL. 18 LENGTH OF RESIDENCE (FOR HOSPITA OR RECENT RESIDENTS) At place in the of death yrs. mos. ds. State	and (2) whether Acciden-
15	(Informant) Saul Summer (Address) Taglobana Tus	Where was disease contracted, If not at place of death? Former or USUAL residence. 19 PLACE OF BURIAL OR REMOVAL 20 UNDERTAKER	DATE OF BURIAL ADDRESS
	REGISTRAR	a.k. wysman	Hadrston Wy

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

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valvular heart disease; Chronic interstitial nephritis, aant neoplasms); Measles; Whooping cough; Chronic oma, Sarcoma, etc., of..... (name origin; "Canmia," "PUERPERAL peritonitis," etc. childbirth or miscarriage as "Puerperal septiehaecause. Always qualify all diseases resulting from etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart fallure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report ample: Measles (disease causing death), 29 ds.; affection need not be stated unless important. cer" is less definite; avoid use of "Tumor" for maligcause of death approved by Committee on Nomenclasepsis, tetanus) may be stated under the head injury, as fracture of skull, and consequences (e. g., ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as ture of the American Medical Association.) "Contributory." by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-aceisuch, if impossible to determine definitely. Examples: which surgical operation was undertaken. The contributory (secondary or intercurrent) (Recommendations on statement of State cause for



V. S. No. 1.

See instructions on back

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	PERSONAL AND STATISTICAL PARTICULARS	
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	13 BIRTHPLACE OF MOTHER	At place



STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No.

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REGISTRAR

BEST OF MY KNOWLEDGE

If more blanks are needed, address State Registrar, 6 E. Frankin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

should be taken to report specifically the occupations Housewife, Housework, or At Home, and children, not duties of the household only (not paid Housekeepers fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specieated thus: Farmer (retired 6 yrs.) For persons Servant, Cook, Housemaid, etc. If the occupation has gainfully employed, as At school or At home. Care mine, etc. statement. who have no occupation whatever, write Nonc. CAUSING DEATH, state occupation at beginning of Illbeen changed or given up ou account of the disease of persons engaged in domestic service for wages, as who receive a defiuite salary), may be entered as material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. additional line is provided for the latter statement: the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is uec-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer. first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question For many occupations a single word or term on the Statement of occupation-Preeise statement of occupa-Spinner, (b) Cotton mill; (a) Salesman, If retired from busluess, that fact may be indlvery important, so that the relative healthful-Women at home, who are engaged in the Never return "Laborer," As examples: "Foreman,"

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cercbrospinal fever (the only definite synonym is "Epidemic eere-brospinal menlugitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, Is indefinite): Tubereu-besis of lungs, meninges, peritonaeum, etc., Carcin-

affection need not be stated unless important. ralvular heart discase; Chronie interstitial nephritis oma, Sarcoma, etc., of (name origin; "Canture of the American Medical Association.) cause of death approved by Committee on Nomenclasepsis, tetanus) may be stated under the head Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably mia," "PUERPERAL peritonitis," etc. childbirth or miscarriage as "Puerperal septiehaeetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse," "Coma," thenia," "Anacmia" (mercly symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asnant neoplasms); Measles; Whooping cough; Chronie injury, as fracture of skull, and cousequenees (e. g., by earbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. geuital," "Senile," etc.), Bronchopneumonia (secondary), 10 ds. "Contributory." is less definite; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent) Always qualify all diseases resulting from Measles (disease eausing death), 29 ds.; (Recommendations on statement of "Convulsions," "Debility" ("Con-"Dropsy," State cause for "Exhaustiou," Never report



ounty Hashington Res. 2041 Village or City Hags Working (No. 405)	STATE OF MARYLAND CERTIFICATE OF DEATH Registered No. 302 [It death occurred to a hospitat or institution.
o o h	St.; Ward) a hospitat or institution, give its NAME instead et street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Formale Mule (Write the word) 4 COLOR OR RACE 5 SINGLE, MARRIEO, WILDOWED, ORDIVORCE MASSING (Write the word)	(Month) (Day) (Year) 17 I HEREBY CERTIFY, That I attanded deceased from
Cot 14, 1864 (Month) (Day) (Year)	DEE 24, 1913, to 62 /4, 1914, that I last saw her alive on 64, 1914
7 AGE 1 t LESS than 1 day,hrs. 0Rmin.?	and that death occurred on the date stated above, atm, The CAUSE OF DEATH * was as follows:
(a) Trade, profession, or particular kind of work. (b) General nature of lodustry, business, or establishment in which employed (or employer)	(Ouration) yrs mos 30 ds.
BIRTHPLACE (State or country) Kronfy Moth. Go. nd	(Secondary) (Secondary) (Secondary) yrs. 3 mos 14 ds.
11 BIRTHPLACE (State or country) Denney Pa 12 MAIDEN NAME	(Signed) (Address) State the Dismass Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.
13 BIRTHPLACE OF MOTHER (State or country) Funkstown Ind	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place to the of death yrs, mos, ds. State yrs, mos, ds. Where wes dispase contracted,
(Informant) Above is true to the best of My Knowledge	It not at place of deeth? Former or osual residence.
204 (Adress Cannon an Haguston) 15 Filed 4/17-, 1914 Herry Rurs REGISTRAR	Ross Hill Hazersburn april 17, 1914 20 UNDERTAKER S. Keller Forman Hazersburn No.
II more Dianas are needed, address State Registra	r, 6 E. Franklin St., Belto., Requesting V.S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.). For persons of persons engaged in domestic service for wages, as duties of the household only (not paid Housekcepers fication, as Day laborer, Farm laborer, Laborer "Manager," "Dealer," etc., without more precise specicases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has should be taken to report specifically the occupations gainfully employed, as At school or At home. Caro Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as minc, etc. statement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) Civil engineer, Stationary freman, etc. But in many first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age ness of various pursuits can be known. The question tion is very important, so that the relative healthfulwho have no occupation whatever, write None. (a) Spinner, (b) Cotton mill; (a) Salesman, (b) For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman," As examples:

Statement of cause of death—Name, first, the disease causing death—the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lodar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonacum, etc.. Carcin-

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If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

MAY 7 1914
BUREAU.V.S.

S. No. 1.

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AGE should be stated EXACTLY. PHYSICIANS should state properly classified. Exact statement of OCCUPATION is very RECORD PERMANENT K UNFADING INK-THIS IS

WRITE PLAINLY, WITH CAUSE OF

Every item of information should be carefully supplied. CAUSE OF DEATH in plain terms, so that it may be important. See instructions on back of certificate.

PLACE OF DEATH County Hashing ton



STATE OF MARYLAND CERTIFICATE

ATE OF DEATH Registered No. 302

Ward)	[if death occurred is a hospital or institution give its NAME instead of streat and number.]
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Village or City	Otho Kan	es) Frusk	St.; Ward)	a hospital or institution, give its NAME instead of street and number.]
PERSONAL AND	STATISTICAL PARTICULARS	MEDICAL O	CERTIFICATE OF I	DEATH
Malch Mi	RORRACE SINGLE, MARRIED, WIGOWEG, OROJVORCED & Magle. (Write the word)	16 DATE OF DEATH	(Month) GERTIFY, That I	23, 191 (Year) tended deceased from
6 DATE OF BIRTH	(Month) (Day) (Year)	that I last saw h allv	4, to St	Ulbonnoi
7 AGE	If LESS than 1 day,hrs. ORmln. ?	and that death occurred on The CAUSE OF DEATH*		ove, at This
6 OCCUPATION (a) Trade, profession, or particular kind of work		Franklin	-66	25
business, or establishment in which employed (or employer)			(Duration)	yrsds.
OF FATHER 11 BIRTHPLACE (State or country) 12 MAINE OF FATHER OF FATHER (State or country) 12 MAIDEN NAME	asler b. Frush Clearspring Pelez	(Signed) Z Z 191 (Ad State the DISEASE CAU CAUSES, state (1) MEANS TAL, SUICIDAL, OF HOMICE	SING DEATH, OF IN	deaths from VIOLENT 2) whether ACCIDEN-
13 BIRTHPLACE OF MOTHER (State or country) 14 THE ABOVE IS TRUE T	Hagers Toudenslagu Hagers Town Ind o THE BEST OF MY KNOWLEDGE lu b Isush	16 LENGTH OF RESIDENCE OR RECENT RESIDENTS) At place ot death	ds. State	yrs, ds.
5 (Address)	4 Hayers from fre	19 PLACE OF BURIAL OR	gustin	DATE OF BURIAL 4/25, 1914 DDRESS crshrun ha

If more blanks are needed, address State Registrar, 6 E. Franklin St., Baito., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health
Association.]

of persons engaged in domestic service for wages, as cated thus: Farmer (retired 6 yrs.). For persons ness. If retired from business, that fact may be indicausing death, state occupation at beginning of ill-Kervant, Cook, Housemaid, etc. If the occupation has should be taken to report specifically the occupations gainfully employed, as At school or At home. duties of the household only (not paid Housekeepers mine, etc. fication, as Day laborer, Farm laborer, Laborer "Manager," "Dealer," etc., without more precise specistatement. Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., applies to each and every person, irrespective of age. tion is very important, so that the relative healthfulwho have no occupation whatever, write None. been changed or given up on account of the DISEASE Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as material worked on may form part of the second (a) Spinner, (b) Cotton mill; (a) Salesman, For many occupations a single word or term on the ness of various pursuits can be known. The question Statement of occupation-Precise statement of occupa-Women at home, who are engaged in the Never return "Laborer," Farmer or Planter, As examples: "Foreman," (4)

Statement of cause of death—Name, first, the distance causing death—the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcinosis of lungs, meninges, peritonaeum,

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Very OCCUPATION PHYSICIANS RECORD classified. properly pe may certificate. that 80 of back terms, 0 piain See Instructions 2 DEATH OF Important. ы Every

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STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No... If death occurred in (No ... St .:....Ward) a hospital or Institution. give its NAME Instead of sfreet and number.1 PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH SISEX 4 COLOR OR RACE S SINGLE, 16 DATE OF DEATH MARRIED. WIDOWED, (Month) ORDIVORCED (Write the word) (Dav (Year) I HEREBY CERTIFY, That I attended deceased from DATE OF BIRTH 3 0 % (Month) (Day (Year) 7 AGE if LESS fhan and that death occurred on the date stated above, at 1 day hrs. The CAUSE OF DEATH* OR ? 8 OCCUPATION (a) Trade, profession, or particular kind of work (b) General nature of Industry. business, or establishment in (Duration) which employed (or employer) 9 BIRTHPLACE (State or country) Contributory 10 NAME OF FATHER (Signed) 11 BIRTHPLACE 191 L. (Address) ARENT OF FATHER (State or country) *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. 12 MAIDEN NAME OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) 13 BIRTHPLACE Af place In the OF MOTHER (State or country) of death yrs. mos. ds. State yrs mos Where was disease contracted. 14 THE ABOVE IS TRUE TO THE KNOWLEDGE If not at place of death?usual residence. PLACE OF BURIAL OR REMOVAL DATE OF BURIAL 15 , 191. UNDERTAKER ADDRESS

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. f.

[Approved by U. S. Census and American Public Health Association.]

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	of information should be esrefully supplied. AGE should be stated EXACTLY. PHYSICIANS should so DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is See instructions on back of certificate.
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3 SEX

TAGE

ARENTS

15

MALE

6 DATE OF BIRTH

BOCCUPATION (a) Trade, profession, or

particular kind of work. (b) General nature of industry. business, or establishment in

which employed (or employer)

9 BIRTHPLACE (State or country)

10 NAME OF FATHER

11 BIRTHPLACE

12 MAIDEN NAME OF MOTHER

13 BIRTHPLACE OF MOTHER (State or country)

(Address)....

(Intermant)

PLACE OF DEATH	4260
County WASHINGTON	



illage or	City HAGERSTOWN	(No. 512	WEST	CHURCH	St.; 5" Ward)

1 day,

OR

It death occurred ia a hospital or Institution, give its NAME Instead ot street and nomber. I

251111	NAME .	LEONARD	T	HAUGH
"FULL	NAME	TATIOTALITIES	44 0	TIZZUUTI

S SINGLE, MARRIED.

WIDOWED. ORDIVORCED WANTER

2#

(Day

16

PERSONAL AND STATISTICAL PARTICULARS

(Month)

BOILER-MAKER

R.R. SHOPS.

MARYLAND.

WILLIAM T. HAUGH

MARYLAND.

512 W. CHURCH STREET

LINAH

4 COLOR OR RACE

SEPTEMBER

WHITE

..... Yrs...

OF FATHER (State or country) MARYLAND.

SARAH

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

MRS. L. L. HAUGH

MEDICAL CERTIFICATE	OF DEATH
16 DATE OF DEATH Of	18 ,1914 (Day (Year)
	at I attended deceased from
Opril. 18 1914 to ay	Rice 18- 1914
and that death occurred on the date at-	about 1185 de
The CAUSE OF DEATH* was as follows	
Draugulat	Aries 1
(Quration)	Vrs mae de
Secondary	
(Doration)	yrsds.
(Signed) XBeethrein O.	M D
4/19	1/-
*State the Disease Causing Death, Causes, state (1) Means of Injury; Tal, Suicidal, or Homicidal.	or, in deaths from VIOLENT and (2) whether Acciden-
18 LENGTH OF RESIDENCE (FOR HOSPITA	LE, INSTITUTIONS, TRANSIENTS.
At place in the	e
ot death yrs mos ds. Stat	e yrs, ds
Where was disease contracted,	77777777 077004 866000 0 mm m m m m m m m m m m m m m m m
Former or usual residence	1 •
19 PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
WAYNESBORO PENNA.	APRIL 91"191.4
20 UNDERTAKER	ADDRESS
C. M. SUTER & SON	HACEBCHOWN ND
MATON OF MON	HAGERSTOWN MD.
	(Month) 17 I HEREBY CERTIFY. The Control of the last as a follow. I that I last as a hard a five on and that death occurred on the date at a the CAUSE OF DEATH* was as follow. Contributory Secondary (Boration) (Signed) (Signed) (Signed) (Signed) (Signed) (Signed) (Boration) (Boration) (Boration) (Boration) (Boration)

If more blanks are needed, address Stat

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[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.) For persons should be taken to report specifically the occupations mine, etc. Women at home, who are engaged in the the nature of the business or industry, and therefore an cases, especially in industrial employments, it is necwho have no occupation whatever, write Nonc. CAUSING DEATH, state occupation at beginning of ill-Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers fication as Day laborer, Farm laborer, Laborer-Coal statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise speci-(a) Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. additional line is provided for the latter statement; essary to know (a) the kind of work and also (b) Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question been changed or given up on account of the disease material worked on may form part of the second tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-As examples: "Foreman,"

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid diseasen); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculessis of lungs, meninges, peritonaeum, etc., Carcin-

mere symptoms or terminal conditions, such as "Asaffection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid usc of "Tumor" for maliginjury, as fracture of skull, and consequences (e. g., such, if impossible to determine definitely. Examples: which surgical operation was undertaken. mia," "Puerperal peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septichacetc., when a definite disease can be ascertained as the mus," "Old Agc," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," Bronchopneumonia (secondary), 10 ds. Never report ample: Measles (disease causing death), 29 ds.; oma, Sarcoma, etc., of..... (name origin; "Canture of the American Medical Association.) cause of death approved by Committee on Nomenclascpsis, tetanus) may be stated under the head of by carbolic acid-probably suicide. The nature of the Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as geuital," "Senile," etc.), "Dropsy," "Exhaustion," "Contributory." dent; Revolver wound of head-homicide; Poisoned The contributory (secondary or intercurrent) Always qualify all diseases resulting from (Recommendations ou statement of For vio-



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6 DATE OF BIRTH

8 OCCUPATION (a) Trade, profession, or

particular kind of work. (b) General nature of industry, business, or establishment in

> 10 NAME OF FATHER

12 MAIDEN NAME OF MOTHER

13 BIRTHPLACE

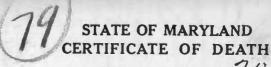
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which employed (or employer) ------

1	PLACE	OF	DEATH	4261
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County WASHING TON

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Registration	Dist.	No. 302
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HAGERSTOWN (No. 266 Village or City. S. PROSPECT

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(Month)

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257 S. PROSPECT

MARY H. BLOUNT.

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If more blanks are needed, address State R

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[Approved by U. S. Census and American Public Health Association.]

Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestie service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and ehildren, not dutics of the household only (not paid Housekeepers minc, etc. Women at home, who are engaged in the fieation as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, For many occupations a single word or term on the applies to each and every person, irrespective of age ness of various pursuits can be known. The question who have no occupation whatever, write Nonc. cated thus: Farmer (retired 6 yrs.) For persons CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE who receive a definite salary), may be entered as (a) Spinner, (b) Cotton mill; (a) Salesman, (b) first line will be sufficient, e. g., Farmer or Planter, tion is very important, so that the relative healthful-Statement of occupation-Preeisc statement of occupa-If retired from business, that fact may be indi-Never return "Laborer," "Foreman," As examples:

Statement of cause of death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

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3 SEX

7 AGE

PARENTS

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8 OCCUPATION (a) Trade, profession, or

particular kind of work.

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1 PLACE OF DEATH County....

4 COLOR OR RACE

FULL NAME

PERSONAL AND STATISTICAL PARTICULARS

5 SINGLE,

MARRIED, man

ORDIVORCED

(Day

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OR

(b) General nature of industry, business, or establishmant in which employed (or employer) ...

(Month)

9 BIRTHPLACE (State or country)

10 NAME OF FATHER OF FATHER (State or country)

12 MAIDEN NAME OF MOTHER

13 BIRTHPLACE OF MOTHER (State or country) TO THE BEST OF MY KNOWLEDGE

(Address) ...

Hoffmaste Chas N REGIST

If more blanks are needed, address Sta-

[Approved by U. S. Census and American Public itealth Association.]

mine, etc. "Manager," "Dealer," etc., without more precise speciadditional line is provided for the latter statement; cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, applies to each and every person, irrespective of age. who have no occupation whatever, write None. cated thus: causing death, state occupation at beginning of illbeen changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers fication as Day laborer, Farm laborer, Laborer-Coal statement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. (a) Spinner, (b) Cotton mill; (a) Salesman, it should be used only when needed. As examples: the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) Civil engineer, Stationary freman, etc. But in many first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the ness of various pursuits can be known. tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," Farmer (retired 6 yrs.) For persons The question "Foreman," (6)

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(Address) ..

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N. W.

Village or City Heyerstown (No	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. 202 St.: Ward) St.: Ward) Letter Rucelle State of Maryland It death occurred in a hospital or institution, give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED, WIDOWED, WIDOWED (Write the word)	(Month) (Day (Year) 17 I hereby Certify, That I attended deceased from
Month (Day (Year) 7 AGE If LESS than t day,hrs. OR min.? **OCCUPATION (a) Trade, protession, or particular kind of work. (b) General nature of industry, business, or establishment in which employed (or employer)	that I last saw her alive on April 3 dl 1914 and that death occurred on the date stated above, at 10 m. The CAUSE OF DEATH* was as follows: The CAUSE OF DEATH* was as follows
9 BIRTHPLACE (State or country) 10 NAME OF FATHER 11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER OF MOTHER (State or country) 13 BIRTHPLACE OF MOTHER (State or country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Contributory Secondary (Duration), yrs. mos. ds. (Signed) 1914 (Address) *State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal. 18 Length of Residence (for Hospitals, Institutions, Transienta, or Recent Residents) At place in the ot death yrs. mos. ds. State yrs. mos. ds. Where was disease contracted, it not at place of death? Former or usual residence.
(Address) Taylotolly Mil	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL

REGISTRAR

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If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1/

[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.) For persons CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekcepers mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. Never return "Laborer," "Foreman," material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthfulwho have no occupation whatever, write None. (a) Spinner, For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the (b) Cotton mill; (a) Salesman, (4)

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mia," "PUERPERAL peritonitis," etc. State cause for etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," ample: Measles (disease causing death), 29 ds.; valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of..... (name origin; "Cansepsis, tetanus) may be stated under the head of "Contributory." (Recommendations on statement of LENT DEATHS state MEANS OF INJURY and qualify as childbirth or miscarriage as "Puerperal septichaecause. Always qualify all diseases resulting from "Heart failure," "Hae horrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," affection need not be stated unless important. ture of the American Medical Association.) cause of death approved by Committee on Nomenclainjury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably which surgical operation was undertaken. mere symptoms or terminal conditions, such as "As-Bronchopncumonia (secondary), 10 ds. The contributory (Recommendations on statement of (secondary or intercurrent) Never report For VIO-



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STATE OF MARYLAND CERTIFICATE OF DEATH SICIANS should occupaTION is Registration Dist. No. lif death occurred in -Ward) a hospital or Institution. give its NAME instead of streef and number. I PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3 SEX 16 DATE OF DEATH 5 SINGLE. 31 MARRIED. WIDOWED, (Month) (Dav (Write the word) I HEREBY CERTIFY, That Lattended deceased fr DATE OF BIRTH (Month) (Day (Year) TAGE If LESS than 1 day,....hrs. The CAUSE OF DEATH* was as follows: OR min. ? properly 8 OCCUPATION (a) Trade, profession, or particular kind of work pe (b) General nature of Industry. business, or establishment in may which employed (or employer) BIRTHPLACE certifical Secondary (State or country) 10 NAME OF FATHER (Signed) 50 back 11 BIRTHPLACE terms. ARENT OF FATHER (State or country) *State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY, and (2) whether Accidental, SUICIDAL, or HOMICIDAL. 12 MAIDEN NAME plain Instructions OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS 2 13 BIRTHPLACE Af place In the OF MOTHER (State or country) of death _____ yrs. ___ mos. _ EATH State _____ yrs. . ds. Where was disease contracted. If not at place of death?. 50 Former or OF Every item CAUSE OF Important. usual residence DATE OF BURIAL 15 ADDRESS 1 ż If more hlanks are needed, address State Registrar, & E. Franklin &t., Balto., Requesting V. S. No. L.

[Approved by U. S. Census and American Public Health Association.]

CAUSING DEATH, state occupation at beginning of iligainfully employed, as At school or At home. mine, etc. Women at home, who are engaged in the fication as Day laborer, Farm laborer, Laborer-Coal who have no occupation whatever, write None. cated thus: been changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-(a) Spinner, Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Nevcr return "Laborer," "Foreman," Farmer (retired 6 yrs.) (b) Cotton mill; (a) Salesman, For persons (6)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever (the only definite synonym is *Epidemic cerebrospinal meningitis*); Diphtheria (avoid use of "Croup";) :Typhoid fever (never report "Typhoid dineumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

nant neoplasms); Measles; Whooping cough; Chronic cause. Always qualify all diseases resulting from mus," "Old Age," "Shock," "Uraemia," "Weakness," affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis oma, Sarcoma, etc., of...... (name origin; "Canture of the American Medical Association.). cause of death approved by Committee on Nomencia-"Contributory." (Recommendations on statement of sepsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. mia," "PUERPERAL peritonitis," etc. childbirth or miscarriage as "Puerperal septichaectc., when a definite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senilc," etc.), "Dropsy," "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report ample: Meastes (disease causing death), 29 ds.; is less definite; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent) State cause for "Exhaustion," For vio-

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

MAY 7 1914
BUREAU. V.S.

N. B.—Every Item of Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD RESERVED FOR BINDING MARGIN

PLACE OF DEATH 4265	STATE OF MARYLAND
County Washington	CERTIFICATE OF DEATH Registered No. 30/
Village or sity Williamsport (No.	St; Ward) [If death occurred in a hospital or Institution, give its NAME instead
*FULL NAME Lewet Terry	of streef and oumber.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male Plate Snigle, Snigle widower, windower, windower, windower, windower, with the word)	(Month) (Day) (Year) 17 (MEREBY CERTIFY, That Moderations of the control of th
6 DATE OF BIRTH OCT 27 19/0	afric 25, 1914, to Cefre 26, 1914.
7 AGE (Tear) Onth) (Day) (Year) If LESS than If day,hrs.	and that death occurred on the date stated above, at 5.3000 m,
yrs. 6 mos. 29 ds. OR. min.?	The CAUSE OF DEATH* was as follows:
(a) Trads, profession, or parficular kind of work (b) General nature of indusfry, business, or establishment in which employed (or employer)	Laryry Differra (Buratlen) yrs mos 24/1000,
9 BIRTHPLACE (State or country) Many land	Contributory (Secondary)
10 NAME OF William Mets	(Signed) Mala Laguran, M. D.
Z OF FATHER Many Country) W 12 MAIDEN NAME OF MOTHER OF MOTHER	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Acciden-
of Mother & ma Cumungham	TAL, SUICIDAL, OF HOMICIDAL. 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)
13 BIRTHPLACE OF MOTHER (State or country) Mary Laud	At place in the of death yrs mos ds. State yrs, mos, ds.
Informant, Melleau Meta	Where was disease contracted, If not at place of death? Former or usual residence.
(Address) Milliams purt Md	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
Filed April 1914 C. C. Rickard REGISTRAN	20 UNDERTAKEN ADDRESS HALL
if more blanks are needed, address State Registran	e, 6 E. Franklin St., Balto., Bequesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). For persons CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. duties of the household only (not paid Housekcepers fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Groccry; (a) Foreman, (b) Automobile factory. The it should he used only when necded. the nature of the husiness or industry, and therefore an Civil engineer, Stationary freman, etc. But in many first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthfui-Housewife, Housework, or At Home, and children, not who receive a definite satury), may be entered as mine, etc. additional line is provided for the latter statement; essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, (a) Spinner, (b) Cotton mill; (a) Salcsman, Statement of occupation-Precise statement of occupa-If retired from husiness, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," As examples: "Foreman,"

Statement of cause of death—Name, first, the disease causing death—Is affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal frace (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonacum, etc.. Carcin-

cause of death approved by Committee on Nomencia. sepsis, tetanus) may be stated under the head injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the such, if impossible to determine definitely. ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably which surgical operation was undertaken. For viomia," "PUERPERAL peritonitis," etc. State cause for childbirth or miscarriage, as "Purrerran septichacetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," genital," "Seniie." etc.), "Dropsy," "Exhaustion, thenia." "Anacmia" (merely symptomatic), "Atrophy," ampic: Measles (disease causing death), 29 ds., affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis nant ncopiasms) : Measles; Whooping cough: Chronio cer" is less definite; avoid use of "Tumor" for malig ture of the American Medical Association.) "Contributory." dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-LENT DEATHS state MEANS OF INJURY and qualify as "Heart failure," "Haemorrhage," "Hanition," "Maras-"Collapse." "Coma," "Convuisions," "Dehility" ("Conmere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. oma. Sarcoma. etc., of . The contributory (secondary or intercurrent) Always qualify all diseases resulting from (Recommendations on statement of (name origin: "Can-Never report Examples:

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MAY 6 1914
BURGAU, V.S.

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WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT I	N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. F CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement important. See instructions on back of certificate.
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Co		GE OF DEATH ASHINGTON	4266	(TATE OF MA TIFICATE O Registration Di	OF DEATH
Vii		HAGERSTOWN		116 RET R.	N. MULBERRY MIDDLEKAUFF.	St.;	[if death occurred in a hospital or institution, give its NAME instead of street and nomber.]
	PERS	ONAL AND STATISTIC	CAL PARTICUL	ARS	MEDIC	AL CERTIFICATE C	OF DEATH
38		4 COLOR OR RACE	5 SINGLE, MARRIED, WIDOWED,		16 DATE OF DEATH	april	. 5 , 1914
	ENALE	WHITE	(Write the	RRIED.	17 I HERE	(Month)	(Day (Year) I attended decessed from
g D	ATE OF BIRT	SEPTEMB (Month)	******************************	, 1869.	that I last saw here	, 1912, to @6	ril 5 1914
TA	GE	44 yrs 6	25	It LESS than 1 day,hrs.	and that death occurre		d shovs, at 10,450m.
(a pa (b) bus whi	OCUPATION) Trade, profession rticular kind of way of General nature siness, or establich employed (or IRTHPLACE (State or continued)	vork HOUSE — of industry, olishment in 17 11 11 11 11 11 employer)	P1 P7 P1		Contributory Secondary	(Ouration)	yrs J mos, ds.
	10 NAME O FATHER		ICK SEMLE	ER	(Signed)	() ()	yrs ds.
ENTS	OF FAT (State of		LAND.		*State the DISEASE		r. o deaths from Violence
PARENT	12 MAIDEN OF MOT		BREZLER.	1			r, in deaths from VIOLENT and (2) whether ACCIDEN.
	13 BIRTHPL OF MOTI (State of	ACE HER or country) MARYI	LAND.		At place of death yrs	In the	yrs ds
	HE ABOVE I		EKAUFF.	LEDGE	Where was disease contracte if not at place of death? Former or usual residence	d,	
15	(Address)	# 116 N. MUI	BERRY ST	REET.	19 PLACE OF BURIAL ROSE HILL CH	OR REMOVAL	APR 8" 1914
· Fil	ed 4/7	,1914	Jemy)	REGISTRAR	C. M. SUTE	R & SON	ADDRESS HAGERSTOWN MD
	//	If more blanks a	re needed, addre	ss State Regis	trar, 6 E. Franklin St., Ba	lto., Requesting V.	S No 1

[Approved by U. S. Census and American Public Health Association.]

the nature of the business or industry, and therefore an eated thus: Farmer (retired 6 yrs.) For persons it should be used only when needed. As examples: additional line is provided for the latter statement; essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, who have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of ill-Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestle service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The Civil engineer, Stationary freman, etc. But ln many first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question been ehanged or given up on account of the disease (a) Spinner, tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retlred from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," (b) Cotton mill; (a) Salesman, "Foreman,"

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and eausation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhold disease.); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculessis of lungs, meninges, peritonaeum, etc., Carcin-

sepsis, tetanus) may be stated under the head mia," "Puerperal peritonitis," etc. State cause for childbirth or misearriage as "Puerperal septichaemus," "Old Age," "Shock," "Uraemia," "Weakness," thenia," "Anaemla" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asaffection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic eer" is less definite; avoid use of "Tumor" for maligture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." injury, as fracture of skull, and eonsequences (e. g., such, If impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as ete, when a definite disease can be ascertained as the "Heart fallure," "Haemorrhage," "Inanition," "Maras-"Collapse," "Coma," "Convulsions," "Debllity" ("Con-Bronchopneumonia (secondary), 10 ds. Never report oma, Sarcoma, etc., of...... (name origin; "Can by earbolic acid-probably suicide. The nature of the Accidental drowning; Struck by railway train-acciwhich surgical operation was undertaken. For viodent; Revolver wound of head-homicide; Poisoned The contributory (secondary or intercurrent) Always qualify all diseases resulting from Measles (disease eausing death), 29 ds.; "Senlle," etc.), (Recommendations on statement of "Dropsy," "Exhaustion,"

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MAY 7 1914 .
BURIEAU, V.S.

Village or City Marganoville (No. 2501)	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. 3 / 2 [If death occurred in a hospital or institution, give its NAME instead of street and nomber.]
PERSONAL AND STATISTICAL PARTICULARS	MEDIGAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RAGE 5 SINGLE, MARRIED, WIDOWED, ORDIVORCED Suigle, ORDIVORCED Suigle, (Write the word) (Write the word) (Month) (Day (Year)	16 DATE OF DEATH (Month) (Month) (Day (Year) 17 I HEREBY GERTIFY, That I attended decassed from Ar. 25 1914, to Ar. 27 (1914) that I last saw harmalive on Ar. 26 (1914)
7 AGE (Month) (Day (Year) 11 LESS than 1 day,hrs. ORmin.?	and that death occurred on the date stated above, at 3. Ale m The CAUSE OF DEATH* was as follows:
(a) Trade, profession, or particular kind of work (b) General nature of industry, business, or establishmenf to which employed (or employer) BIRTHPLACE (State or country)	Contributory Sufficy from birthe
10 NAME OF FATHER Olyde Morningstar 11 BIRTHPLACE OF FATHER (State or country) 12 NAME OF OLYDE MORNINGSTAR 12 NAME OF OLYDE MORNINGSTAR 14 OF MOTHER OF OLYDE MORNINGSTAR 15 NAME OF OLYDE MORNINGSTAR 16 NAME OF OLYDE MORNINGSTAR 17 NAME OF OLYDE MORNINGSTAR 18 NAME OF OLYDE MORNINGSTAR 19 NAME OF OLYDE MORNINGSTAR 10 NAME OF OLYDE MORNINGSTAR 11 BIRTHPLACE OLYDE MORNINGSTAR 12 NAME OF OLYDE MORNINGSTAR 13 NAME OF OLYDE MORNINGSTAR 14 OF OLYDE MORNINGSTAR 15 OF OLYDE MORNINGSTAR 16 OF OLYDE MORNINGSTAR 17 OF OLYDE MORNINGSTAR 18 OF OLYDE MORNINGSTA	(Signed) (Si
of Mother Slessner 13 BIRTHPLACE OF MOTHER (State or country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) William Glessner	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place in the of death yrs mos ds. State yrs mos ds Where was disease contracted, if not at place of death? former or
(Address) Mangassaville, Made	19 PLACE OF BURIALOR REMOVAL DATE OF BURIAL DO TO TO THE STATE OF BURIAL 20 UNDERTANCE ADDRESS

Hagerstown, md. If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

REGISTRAR

[Approved by U. S. Census and American Public Health Association.]

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Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

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STATE OF MARYLAND 1 PLACE OF DEATH CERTIFICATE OF DEATH Registration Dist. No. 3/4 Ilf death occurred in St:....Ward) a hospital or institution. give its NAME Instead of street and number.] ²FULL NAME MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 16 DATE OF DEATH 5 SINGLE. 3 SEX 4 COLOR OR RACE MARRIEO, WICOWED. (Month) ROIVORCED Write the word) I HEREBY CERTIFY, That I attended deceased from (Month) (Day) (Year) 7 AGE If LESS than and that death occurred on the date stated above, at 930 am, 1 day,hrs. The CAUSE OF DEATH * was as follows: OR min. ? BOCCUPATION (a) Trade, profession, or particular kind of work. (b) General nature of industry, business, or establishment in (Duration) which employed (or employer) Contributory..... 9 BIRTHPLACE (State or country) (Secondary) 10 NAME OF FATHER (Signed) 0 , 1914 (Address) 1319 PARENTS 11 BIRTHPLACE OF FATHER (State or country) *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) Whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. 12 MAIDEN NAME OF MOTHER instructions 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS OR RECENT RESIDENTS) 13 BIRTHPLACE At place in the OF MOTHER (State or country) of death yrs. mos. ds. State yrs. mos. Where was disease contracted. if not at place of death? Former or usual residence. Important. DATE OF BURIAL 15 20 UN If more blanks are needed, address State Regis trar, 6 E. Franklin St., Palto., Requesting V. S. No.

[Approved by U. S. Census and American Public Health Association.]

of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care cated thus: Farmer (retired 6 yrs.). CAUSINO DEATH, state occupation at beginning of ilibeen changed or given up on account of the nisease Servant, Cook, Housemaid, etc. If the occupation has who receive a definite saiary), may be entered as duties of the household only (not paid Housekeepers fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. As examples: additional line is provided for the latter statement; Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, ness of various pursuits can be known. The question who have no occupation whatever, write None. Housewife, Housework, or At Home, and children, not mine, etc. (a) Spinner, the nature of the business or industry; and therefore an essary to know cases, especially in industrial employments, it is necfirst line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman," (b) Cotton mill; (a) Salesman, (a) the kind of work and also (b) For persons 9

Statement of cause of death—Name, first, the nisease causino death—Name, first, the nisease causino death—nisease to the same accepted term for the same disease. Examples: Cercbrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lodar pneumonia; Bronchopneumonia ("Theumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritongeum, etc., Carcin-

mus," cause of death approved by Committee on Nomencla "Contributory." sepsis, tetanus) injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. mia," "PUERPERAL peritonitis," etc. childbirth or miscarriage as "Purremenal scottichacetc., when a definite disease can be ascertained as the "Hart fallure," "Haemorrhage," "Inanition," "Maras genitai," "Senile." etc.), "Collapse." "Coma," "Convuisions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," ampie: Measles (disease causing death), 29 ds. affection need not be stated unless important. valvular heart disease; Chronic interstitial nephrtitis nant neopiasms); Measles; Whooping cough; Chronic oma. Sarcoma. etc., of ... ture of the American Medical Association.) ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably mere symptoms or terminal conditions, such as "As Bronchopncumonia (secondary), 10 ds. Never report is less definite; avoid use of "Tumor" for mails The contributory "Old Age," "Shock." Always qualify all diseases resulting from (Recommendations on statement of may be stated under the head (secondary or intercurrent "Dropsy," "Exhaustion," 'Traemia," "Weakness," (name origin; "Can State cause for Examples: For vio-



WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT

RECORD

-Every Item of Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1.

N. B.

1 PLACE OF DEATH

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No. 302

[It death occurred in a hospital or institution. give its NAME instead

PERSO	NAL AND STATISTICAL PARTICULA	ARS	MEDICAL CERTIFICATE	OF DEATH
Male Hill (Write the word)		18 DATE	(Month)	// ,191 // (Year)
B DATE OF BIRTI		1909 apr	saw har alive on A	t I attended deceased from 150, 12, 191.4. 191.4.
7 AGE	5 yrs - mos /3 ds.	tt LESS than and that d	eath occurred on the date state E OF DEATH* was as follows:	
OCCUPATION (a) Trade, protession particular kind of we		neg	Chulis Grow	-c
(b) General nature of business, or establishment which employed (or experience) 9 BIRTHPLACE	ishment in employer)		outory Grenna	yrs. 2 mos. ds.
10 NAME OF FATHER	Aufoton & mys	(Signed)	(Buration) 3 1914 (Address) the Disease Causing Death state (1) Means of Injury.	yrs mos 2 ds.
(State or country) Mary Land 12 MAIDEN NAME OF MOTHER (State or country) Wary Land		18 LENGT OR REC At place of death	H OF RESIDENCE (FOR HOSPITAL ENT RESIDENTS)	s, Institutions, Transients,
(Interment)	up tous I mys		ce of death?	
(Address) 15 Filed 4/12	- 1914 Henry	THE REGISTRAR	of Burial or REMOVAL Atuur md ATAKER	DATE OF BURIAL ADDRESS ADDRESS

[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.) For persons CAUSING DEATH, state occupation at beginning of ill-Servant, Cook, Housemaid, etc. If the occupation has should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. Never return "Laborer," material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, applies to each and every person, irrespective of age. tion is very important, so that the relative healthfulwho have no occupation whatever, write None. been changed or given up on account of the disease of persons engaged in domestic service for wages, as first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the ness of various pursuits can be known. The question Statement of occupation-Precise statement of occupa-Spinner, If retired from business, that fact may be indi-Women at home, who are engaged in the (b) Cotton mill; (a) Salesman, "Foreman,"

Statement of cause of death—Name, first, the disease causing nearth (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) "Typhoid fever (never report "Typhoid pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

nant neoplasms); Measles; Whooping cough; Chronic scpsis, tetanus) may be stated under the head injury, as fracture of skull, and consequences (e. g., LENT DEATHS state MEANS OF INJURY and qualify as mia," "PUERPERAL peritonitis," etc. childbirth or miscarriage as "Puerperal septichaeetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," genital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (mcrely symptomatic), "Atrophy," ample: Measles (disease causing death), 29 ds.; affection need not be stated unless important. valvular heart disease; Chronie interstitial nephritis, cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of..... (name origin; "Canture of the American Medical Association.) cause of death approved by Committee on Nomencla-".Contributory." by carbolic acid-probably suicide. The nature of the Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably which surgical operation was undertaken. "Heart failure," "Haemorrhage," "Inanition," "Marasmere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report dent; Revolver wound of head-homicide; Poisoned The contributory (secondary or intercurrent) Always qualify all diseases resulting from (Recommendations on statement of State cause for For vio-

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

MAY 7 1914
BURBAULV.S.

Co	unty Hashington	CERTIFICATE OF DEATH Registered No.30 8
Vi	Hage or City Fritersburg (No	St.; Ward) [it death occurred a hospital or institution give its NAME instered and nomber.]
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
SE	T O WOLF	16 DATE OF DEATH (Month) (Day) (Year) 17 HEREBY CERTIFY, That I attended deceased fro
6 D	Masch 15 1908 (Month) (Day) (Year)	that I last ssw h & alive on april 6 , 1914
7 AG	6 yrs — mos. 21 ds. ormin.?	and that death occurred on the date stated above, at
(a) par (b) busi whice	Trade, profession, or floular kind et work General nature of industry, ness, or establishment in ch employed (or employer)	(Duration) yrs. to mos. I d Contributory Enclose and itie (Secondary)
ENTS	10 NAME OF FATHER Colons M Mysus 11 BIRTHPLACE (State or country) Feiture ha	(Signed) (Ouration) 1 yrs 1 mos 22224 (Signed) 4 M Sharp and M.
PARE	12 MAIDEN NAME Mary M. Hovis 13 BIRTHPLACE OF MOTHER OF STATE OF MOTHER	CAUSES, State (1) MEANS OF INJURY; and (2) whether Accidental, SUICIDAL, OF HOMICIDAL. 18 LENGTH OF RESIDENCE (FOR MOSPITALS, INSTITUTIONS, TRANSIENTS OR RECENT RESIDENTS) At place in the of death yrs, mos, des. State yrs, mos, des.
	HE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) O of Con S. M. My	Where was disease contracted, If not at place et death? Former or usual residence.
15 File	ed afri 6, 1914 J. H. Wishand REGISTRAR	Jeitorburg Lathum afrik 5. 191.20 UNDERTAKER ADDRESS
	If more blanks are needed, address State Registrs	ur, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

4270

'PLACE OF DEATH

STATE OF MARYLAND

[Approved by U. S. Census and American Public Health
Association.]

applies to each and every person, irrespective of age cated thus: Farmer (retired 6 yrs.). For persons ness. If retired from business, that fact may be indi-CAUSING DEATH, state occupation at beginning of illof persons engaged in domestic service for wages, as should be taken to report specifically the occupations duties of the household only (not paid Housekeepers fication, as Day laborer, Farm laborer, Laborer material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an cases, especially in industrial employments, it is nection is very important, so that the relative healthfulwho have no occupation whatever, write None. been changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. "Manager," "Dealer," etc., without more precise specistatement. essary to know (a) the kind of work and also (b) Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the ness of various pursuits can be known. The question (a) Spinner, (b) Cotton mill; (a) Salesman, (b) Statement of occupation-Precise statement of occupa-Women at home, who are engaged in the Never return "Laborer," "Foreman," As examples:

Statement of cause of death—Name, first, the disease causing death—the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid disease.); Lobar procumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcin-

such, if impossible to determine definitely. ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably mia," "PUERPERAL peritonitis," childbirth or miscarriage, as "Purrpural septichaeetc., when a definite disease can be ascertained as the genltal," valvular heart disease; Chronic interstitial nephritix cer" is less definite; avoid use of "Tumor" for mails. ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. mus," "Old Age," "Shock," "Uraemla," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or Bronchopneumonia (secondary), 10 ds. Never report ample: Meastes (disease causing affection need not be stated unless important. nant neoplasms); Measles; Whooping cough; Chronio oma. Sarcoma. etc., of . Accidental drowning; Struck by railway train-acci-The contributory (secondary or intercurrent) tetanus) may be stated under the head Always qualify all diseases resulting from "Senile," etc.), "Dropsy," (Recommendations on statement of terminal conditions, such as "Asetc. (name origin; "Candeath), 29 State cause for "Exhaustion," Examples: For vio-



V. S. No. 1.

N. B.—Every Item of Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD

CO MY A STATE OF THE PARTY OF T	an all
PLACE OF DEATH 427	STATE OF MARYLAND
County Washington	5 CERTIFICATE OF DEATH
	Registration Dist. No. 20
Village or City Caprolow (No. Mash 2FULL NAME Lewben P.)	Ward) [If death occurred in a hospital or institution, give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 AINGLE, MARRIED, WIDOWED, OR DIVORCES LIMITE (Write the word)	16 DATE OF DEATH (Month) (Day (Year)
B DATE OF BIRTH	17 I HEREBY CERTIFY, That I attended deceased from
(Month) (Day (Year)	that I last asw head alive on afrul 20, 1914.
TAGE If LESS than 1 dayhrs. ORmin.?	and that death occurred on the date stated above, at 3 a m. The CAUSE OF DEATH* was as follows:
(a) Trade, profession, or particular kind of work	extension due socienty
(b) General nature of industry, business, or establishment in //// which employed (or employer)	Burus recours (Ouration) yrs Winds ds.
9 BIRTHPLACE (State or country) Personal.	Secondary Secondary
10 NAME OF John O. Myers	(Signed) Quigntion) yes mos ds.
11 BIRTHPLACE OF FATMER (State or country) 12 MAIDEN NAME OF MOTHER	*State the DISEASE CAUSING DEATH, OF, IN deaths from VIOLENT
of Mother Thus Regulary	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL. 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT BEAUTY)
13 BIRTHPLACE OF MOTHER (State or country)	At place In the of death yrs mos ds. State yrs mos ds
(informant)	Where was disease contracted, If not at place of death? Former or usual residence
16 Filed 4/27-191 4 Herry Davis	DATE OF BURIAL OR REMOVAL DATE OF BURIAL DATE OF BURIAL ADDRESS ADDRESS
If more blanks are needed, address State Regist	rar, 6 E. Franklin St., Baito., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.) For persons CAUSING DEATH, state occupation at beginning of illshould be taken to report specifically the occupations duties of the household only (not paid Housekeepers "Manager," "Dealer," etc., without more precise speci-Physician, Compositor, Architect, Locomotive engineer, who have no occupation whatever, write None. been changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestle service for wages, as gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal statement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in Industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question (a) Spinner, tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return (b) Cotton mill; (a) Salesman, "Laborer," As examples: "Foreman,"

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Cr. p";) Typhoid fever (never report "Typhold pneumonia"); Lobar pneumonia; Bronchopneumonia unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, cause of death approved by Committee on Nomenclasepsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., which surgical operation was undertaken. For viomia," "Puerperal peritonitis," etc. State cause for mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart fallure," "Haemorrhage," "Inanition," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemla" (merely symptomatic), "Atrophy," mere symptoms or terminal couditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report ample: Meastes (disease causing death), 29 ds.; nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of...... (name origin; "Canture of the American Medical Association.) "Contributory." by carbolic acid-probably suicide. dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as childbirth or miscarriage as "Puerperal septiehaectc., when a definite disease can be ascertained as the The contributory (secondary or intercurrent) Always qualify all diseases resulting from "Senilc," etc.), "Dropsy," "Exhaustion," (Recommendations on statement of The nature of the



STATE OF MARYLAND 1 PLACE OF DEATH state Very CERTIFICATE OF DEATH should is PHYSICIANS shou [If death occurred in St: 3 Ward) a hospital or Institution. CORD give its NAME instead of street and number. 1 2 FULL NAME to MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS statement EXACTLY. 16 DATE OF DEATH 5 SINGLE. 3 SEX 4 COLOR OR RACE MARRIED, WIDOWED (Write the word) I HEREBY CERTIFY. That I attended deceased from 6 DATE OF BIRTH classified. (Year) (Day) (Month) pe 7 AGE If LESS than and that death occurred on the date stated above, at 10-304m 1 dayhrs. The CAUSE OF DEATH * was as follows: OR min. ? un sa BOCCUPATION (a) Frade, profession, or particular kind of work. (b) General nature of Industry. pe supplied business, or establishment in which employed (or employer) may certificate. 9 BIRTHPLACE (Secondary) (State or country) that 10 NAME OF FATHER -11 BIRTHPLACE (Address) terms. OF FATHER (State or country AREN. *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDEN-12 MAIDEN NAME TAL. SUICIDAL, OF HOMICIDAL. piein OF MOTHER Instructions Information 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) 13 BIRTHPLACE 2 At place In the OF MOTHER of death yrs. mos. ds. of Inford State yrs, mos. ds. Where was disease contracted. WRITE 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE If not at place of death? FO Item usual residence. Every Item CAUSE OF Important. 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL 15 20 UNDERTAKER ADDRESS và m ż If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

ZOZ

ARGIN

[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.). For persons ness. If retired from business, that fact may be indiwho have no occupation whatever, write None. of persons engaged in domestic service for wages, as CAUSING DEATH, state occupation at beginning of ilibeen changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The additional line is provided for the latter statement; the nature of the business or industry, and therefore an first line will be sufficient, e. g., Farmer of Planter, Physician, Compositor, Architect, Locomotive engineer, It should be used only when needed. As examples: essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many applies to each and every person, irrespective of age For many occupations a single word or term on the ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-Spinner, Women at home, who are engaged in the Never return "Laborer," "Foreman," (b) Cotton mill; (a) Salesman, (0)

Statement of cause of death—Name, first, the disease causing death—In always the same accepted the filme and causation), using always the same accepted term for the same disease. Examples: Cercbrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, pertionaeum, etc... Carcin-

injury, as fracture of skuil, and consequences (e. g., ture of the American Medicai Association.) cause of death approved by Committee on Nomencla-"Contributory." sepsis, tetanus) may be stated under the head of by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acctsuch, if impossible to determine definitely. ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. mia," "PUERPERAL peritonitis," etc. childbirth or miscarriage, as "Puterferal septichaecause. Aiways qualify all diseases resulting from etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemla," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenitai," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," ample: Measles (disease causing death), 29 ds.; valvular heart disease; Chronio interstitial nephritis mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report affection need not be stated unless important. nant neopiasms); Measles; Whooping cough; Chronio cer" is less definite; avoid use of "Tumor" for maligoma. Sarcoma. etc., of ... The contributory (Recommendations on statement of (secondary or intercurrent) (name origin; "Can-State cause for Examples:



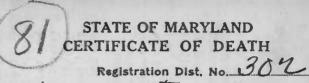
WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT

V. S. No. 1.

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RECORD

4273 1 PLACE OF DEATH ashing in



[It death occurred in a hospital or institution,

FULL NAME William Trai	delin Orlice give its NAME instead of street and nomber.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male Cultus S single, MARRIED, WIDOWED, ORDIVORCED (Write the word)	16 DATE OF DEATH April (Month) (Day (Year)
Month) (Day (Year)	that I last saw hand alive on aller 1 1914.
TAGE If LESS than t day,hrs. ORmln.?	and that death occurred on the date stated above, at 10m. The CAUSE OF DEATH* was as follows:
8 OCCUPATION (a) Trade, profession, or particular kind of work. (b) General nature of Industry, business, or establishment in which employed (or employer)	Querio - selerosis (Duration) 2 yrs mos ds.
9 BIRTHPLACE (State of country) 10 NAME OF FATHER 11 BIRTHPLACE OF FATHER (State or country) MANUALL WALLES (State of country) MANUALL WALL OF FATHER (State of country) MANUALL WALL OF FATHER (State of country)	Contributory Secondary (Doration) yrs mos ds. (Signed) Laughlu , M. D. 4 Contributory (Signed) *State the Disease Causing Death, of in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accident
12 MAIDEN NAME OF MOTHER MARGINET STATES 13 BIRTHPLACE OF MOTHER (State or country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) MA MANUAL PLLINE	TAL, SUICIDAL, OF HOMICIDAL. 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place In the ot death yrs. mos. ds. State yrs, mos. ds. Where was disease contracted, If not at place ot death?————————————————————————————————————
(Address) Vayus form, MI) 16 Flied 4/18-, 1914 Henry Savis REGISTRAR If more hlanks are needed, address State Regist	19 PLACE OF BURIAL OR REMOVAL ADDRESS Tar, 6 E. Franklin St., Balto., Requesting V. S. No. 4.
	V

[Approved by U. S. Census and American Public Health Association.]

cated thus: Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthfulwho have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE For many occupations a single word or term on the (a) Spinner, Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indl-Women at home, who are engaged in the Never return "Laborer," "Foreman," Farmer (retired 6 yrs.) For persous (b) Cotton mill; (a) Salesman, (4)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only defiuite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) "Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculcists of lungs, meninges, peritonaeum, etc., Carcin-

cause of death approved by Committee on Nomenclasepsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., mia," "PUERPERAL peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septichaccause. Always qualify all diseases resulting from etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse," "Coma," "Convulsions," "Debility" ("Contheuia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report ample: Measles (disease causing death), 29 ds.; affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis. nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of..... (name origin; "Canture of the American Medical Association.) "Contributory." by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For vio-The contributory (Recommendations on statement of (secondary or intercurrent)

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

MAY 7 1914
BUREAU, V.S.

S. No. 1.

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UNFADING INK-THIS

RECORD

PERMANENT

PHYSICIANS should state of OCCUPATION is very stated EXACTLY. AGE DEATH in plain terms, so that it m See instructions on back of certificate. Every item of Information CAUSE OF DEATH In pial Important,

4274 1 PLACE OF DEATH

County Fashington



STATE OF MARYLAND CERTIFICATE OF DEATH

	, V.	Registration Dist. No. 200
Vitt	Prull NAME Sarah Albirta Rie	St.; Ward) [It death occurred in a hospital or lostitution, give its NAME instead of street and number.]
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Je Fel	MARRIED, WIDOWED, ORDIVORCED (Write the word)	16 DATE OF DEATH (Month) (Day (Year)
6 D/	(Month) (Day (Year)	that I last saw here alive on April 2, 1915
7 A C		and that death occurred on the date stated above, at 3. 45 pm The CAUSE OF DEATH* was as follows:
(a) par (b)	OCCUPATION Trade, profession, or Mullivero Titular kind of work Deneral nature of Industry, Iness, or establishment in ch employed (or employer)	Junior Sedment July June 1988 des 1988
9 81	RTHPLACE (State or country) Wolfs will, Mil	Gontributory Secondary
	10 NAME OF LOWSON Recker	(Signed) I - A - I I rhight from , M. D
PARENTS	11 BIRTHPLACE OF FATHER (State or country) Holfsville Min	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.
	13 BIRTHPLACE OF MOTHER (State or country) Prior Holfzorlle Und	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS OR RECENT RESIDENTS) Al piace In the ot death
	(Informant) Eleanora A Strange	Where was disease contracted, It not at place of death? Former or usual residence

REGISTRAR

19 PLACE OF BURIAL OR REMOVAL

AODRESS

DATE OF BURIAL

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto, Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

Servant, Cook, Housemaid, etc. If the occupation has should be taken to report specifically the occupations gainfully employed, as At school or At home. Care duties of the household only (not paid Housekeepers minc, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dcaler," etc., without more precise specistatement. Grocery; (a) Foreman, (b) Automobile factory. the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthfulcated thus: Farmer (retired 6 yrs.) For persons CAUSING DEATH, state occupation at beginning of illof persons engaged in domestic service for wages, as Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as material worked on may form part of the second (a) Spinner, (b) Cotton mill; (a) Salesman, (b) It should be used only when needed. additional line is provided for the latter statement; who have no occupation whatever, write None. been changed or given up on account of the disease Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," As examples: "Foreman," The

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Cronp";) Typhoid fever (never report "Typhoid pnenmonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tubereulesis of lungs, meninges, peritonaeum, etc., Carcin-

cause of death approved by Committee on Nomencla-"Contributory." scpsis, tetanus) may be stated under the head of such, if impossible to determine definitely. Examples: IENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. For viomia," "PUERPERAL peritonitis," etc. ctc., when a definite disease can be ascertained as the genital," "Scnile," etc.), "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronie cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of..... (name origin; "Caninjury, as fracture of skull, and consequences (e. g., dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train—accichildbirth or miscarriage as "Puerperal septichae-"Heart failure," "Haemorrhage," "Inanition," "Marasture of the American Medical Association.) by earbolic acid-probably suicide. The nature of the ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably The contributory (secondary or intercurrent) "Old Age," "Shock," "Uraemia," "Weakness," Always qualify all diseases resulting from Measles (disease cansing death), 29 ds.; (Recommendations on statement of "Dropsy," "Exhanstion," State canse for Never report



PLACE OF DEATH 4275	STATE OF MARYLAND CERTIFICATE OF DEATH
County Washington	Registered No. 3.0/
VIIIage or Cuy William & pake Po	Torrice St.; Ward) [If death occurred in a hospitol or institution, give its WAME instead of street and combor.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED, WILLIAM	16 DATE OF DEATH Afril 7 (Month) (Day) (Year)
Parte of BIRTH Och 27, 1845	Seph. 10 191 J. to apr. 7 191 J. that I last saw her alive on apr. 7 191 J.
(Month) (Day) (Year) 7 AGE If LESS that 1 doy,hrs ORmin.?	and that death occurred on the date stated above, st. 10,000m
COCCUPATION (a) Trade, profession, or porticulor kind of work (b) General nature of Industry,	le openter you
business, or establishment to which employed (or empinyer) BIRTHPLACE (State or country) Cleans pring, Maryland	Gontributory (Secondary) (Deraflon) yrs mos 6 s.
on 11 BIRTHPLACE	(Signed) LO Michaelson, M. O.
OF FATHER (State or country) 12 Maiden Name OF MOTHER (O)	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL.
13 BIRTHPLACE OF MOTHER (State or country) (Lears Prince Manyla	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) 10 the 10 the 11 death yrs. mos. ds. State yrs. mos. ds.
(Informant) Afre Win Malf	Where was disease confrocted, If not at place of death? Former or usual residence
(Address) Elean Pring, Manyland Filed Aura Tto 1914 6. E. Rickard	Clear pring, Maryland April 1071. 1914. 20 UNDERTAKER ADDRESS
Yoral REGISTRAR	Tar, 6 E. Franklin St., Balto, Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health
Association.]

ness. If retired from business, that fact may be indiduties of the household only (not paid Housekeepers cases, especially in industrial employments, it is necwho have no occupation whatever, write Nonc. cated thus: Farmer (retired 6 yrs.). For persons CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfuily employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. fication, as Day laborer, Farm laborer, Laborer-"Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative heaithful-(a) Spinner, (b) Cotton mill; (a) Salesman, (b) Statement of occupation-Precise statement of occupa-Women at home, who are engaged in the Never return "Laborer," As examples: "Foreman,"

Statement of cause of death—Name, first, the DISKABE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid neumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculossis of lungs, meninges, peritonaeum, etc.. Carcin-

ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably which surgical operation was undertaken. mia," "PUERPERAL peritonitis," etc. State cause for childbirth or miscarriage, as "Purrperal septichaecause. Always qualify all diseases resuiting from etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." injury, as fracture of skuli, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Polsoned Accidental drowning; Struck by railway train—accisuch, if impossible to determine definitely. LENT DEATHS State MEANS OF INJURY and qualify as "Heart fallure," "Haemorrhage," "Inanition," "Marasgenital," "Collapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (mereiy symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report ample: Measles (disease causing affection need not be stated unless important. valvular heart disease; Ohronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronio cer" is less definite; avoid use of "Tumor" for mailgoma. Sarcoma. etc., of . The contributory (secondary or intercurrent) tetanus) may be stated under the head of "Senile," etc.), "Dropsy," "Exhaustion," (Recommendations on statement of (name origin; "Candeath), 29 Examples: For VIO-

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

MAY 6 1914
BUREAULV.S.

S. No. 1.

N. B.

	ECORD	HYSICIANS should state
% 1.	WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD	Every Item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.
No.		CA

1 PLACE OF DEATH	4276
WASHINGTON	



STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No ...

Village or	City H	AGER	STOWN
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Count

(No. 804 WEST WASHINGTON: 1" Ward) [If death occurred in a hospital or institution, give its NAME lostead of street and nomber.]

*FULL NAME DANIEL SCHLOTTERBECK

PERSONAL AND STATISTICAL PARTICULARS			ARS	MEDICAL CERTIFICATE	OF DEATH	
3 SE	x ALE	4 COLOR OR RAGE	5 SINGLE, MARRIED, WIDOWED, ORDIVORCED (Write the Wo	HOWER	16 DATE OF DEATH Afr. 29 (Month)	(Day (Year)
6 DA	TE OF BIR				Mr. 27, 1914, to	at 1 stended deceased from 191.4.
		(Month)	(Day	, 1.865.	that I last saw him alive on Min	27 1914
7 AG	Ē		mos. 19 ds.	If LESS than 1 day,hrs. ORmin.?	and that death occurred on the date state. The CAUSE OF DEATH* was as follows	ted above, at S. Y.J. Am.
(a)	Trade, profess	N Sion, or LABORI			- Gelwing a	wherlifoses
busl	General natur ness, or est ch employed (d	re of Industry, iablishment in or employer)	•••••	7*#88**********************************	(Duration)	yrs / b mos ds.
9 81	RTHPLACE (State or c	ountry) MARYLA	ND.		Secondary	in & Saxaenina
	10 NAME FATHE	JOHN J. S	CHLOTTER	RBECK SR	(Signed) Il Week	Asust.
11 BIRTHPLACE OF FATHER (State or country) GERMANY 12 MAIDEN NAME OF MOTHER CATHERINE SMITH		*State the DISEASE CAUSING DEATH,	or, in deaths from Violent			
		CAUSES, state (1) MEANS OF INJURY; TAL, SUICIDAL, OF HOMICIDAL. 18 LENGTH OF RESIDENCE (FOR HOSPITA				
	13 BIRTHE OF MO (State	PLACE OTHER or country) GERM	IANY		At place in the of death yrs mos ds. State	
(Informant) #804 W. WASHINGTON ST.		Where was disease contracted, If not at place of death? Former or usual residence				
		19 PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL			
16 File	5/	1 ,191 4 26	eury	nuis REGISTRAR	ROSE HILL CEMETERY 20 UNDERTAKER C. M. SUTER & SON	MAY 1" 191 4 ADDRESS HAGERSTOWN MD

needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

CAUSING DEATH, state occupation at beginning of illcated thus: Farmer (retired 6 yrs.) For persons been changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specimaterial worked on may form part of the second it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) Physician, Compositor, Architect, Locomotive engineer, who have no occupation whatever, write Nonc. statement. Grocery; (a) Foreman, (b) Automobile factory. cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question (a) Spinner, (b) Cotton mill; (a) Salesman, For many occupations a single word or term on the tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman," (4)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Oroup";) "Typhoid fever (never report "Typhoid dineumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tubereutesis of lungs, meninges, pertionaeum, etc., Carcin-

mia," "PUERPEBAL peritonitis," etc. childbirth or miscarriage as "Puerperal septichaeetc., when a definite disease can be ascertained as the genital," "Senile," etc.), "Dropsy," "Exhaustion," nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of..... (name origin; "Canture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." (Recommendations on statement of sepsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., by earbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned such, if impossible to determine definitely. Examples: LENT DEATHS state MEANS OF INJUBY and qualify as which surgical operation was undertaken. For viomus," "Old Age," "Shock," "Uraemia," "Weakness," thenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asaffection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably "Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Con-Bronehopneumonia (secondary), 10 ds. The contributory Always qualify all diseases resulting from Measles (disease causing death), 29 ds.; (secondary or intercurrent) State cause for Never report



S. No. 1.

		state very
	RECORD	PHYSICIANS should of OCCUPATION IS
No. 1.	WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD	Every liem of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PLACE OF DEATH	4277
County WASHINGTON	



STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No. 302

Village or City HAGERSTOWN	(No. 261	S. POTOMAC	St.;2 [#] Ward)
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[If death occurred in a hospital or institution, give its NAME instead of street and nomber.]

JOHN WM SCHWINGER FULL NAME.

	PERSONAL AND STATISTICAL PARTICULAR	RS MEDICAL CERTIFICATE OF DEATH
3 _{BE}	4 COLOR OR RACE MARRIED, WIDOWED, OR DIVERSE (Write the Market)	RTED 16 DATE OF DEATH April (Month) (Day (Year)
8 DA	ATE OF BIRTH	Manager of the state of the sta
	JUNE 24"	, 1 853. that I lest saw h sign silvs on April 18 1914
7 AG	(Month) (Day	(2017)
, va	60 9 24	If LESS than 1 day,hrs. ORmin.? The CAUSE OF DEATH * was as follows:
(a)	CCUPATION Trade, profession, or CARPENTER	- Darcuoma of river
(b) busin	General nature of Industry, ness, or establishment in 11 11 11 11 11 11 11 11 ch employed (or employer)	(Duration) Zyrs mos. ds.
	RTHPLACE (State or country) MARYLAND.	Gontributory &x haus fem
	10 NAME OF ANDREW SCHWUNGER	(Signed) Norw M. Werty, M. D.
ARENTS	of FATHER (State or country) GERMANY.	*State the DISEASE CAUSING DEATH, OF, IN deaths from VIOLENT
PARI	OF MOTHER CATHERINE FEIGLE	TAL, SUICIDAL, or HOMICIDAL.
	13 BIRTHPLACE OF MOTHER (State or country) GERMANY.	At place of death yrs mos ds. State yrs mos ds
	HE ABOVE IS TRUE TO THE BEST OF MY KNOWLE leformant) WILLIAM E. SCHWINGER	
15	(Address) HAGERSTOWN MD.	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL APRIL 20 .4
Filed		ROSE HILL CEMETERY APRIL 20, 1912 20 UNDERTAKER ADDRESS EGISTRAR C. M. SUTER & SON HAGERSTOWN MD

ito., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

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Statement of cause of death—Name, first, the disease causing death—(the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tubereucsis of lungs, meninges, peritonaeum, etc., Carcin-

cause of death approved by Committee on Nomencla-"Contributory." injury, as fracture of skull, and consequences (e. g., scpsis, tetanus) may be stated under the head of mia," "PUERPERAL peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septiehacthemia," "Anaemia" (merely symptomatic), "Atrophy," affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of...... (name origin; "Canture of the American Medical Association.) Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Conmere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned The contributory (secondary or intercurrent) Aiways qualify all diseases resulting from Meastes (disease causing death), 29 ds.; "Senile," etc.), (Recommendations on statement of "Dropsy," "Exhaustion," For vio-



CSICIANS should OCCUPATION IS RECORD PERMANENT BINDING ۵ ESERVE certificate. 50 ZIOU Instructions WRITE See OF Importan Every Ite

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STATE OF MARYLAND 1 PLACE OF DEATH CERTIFICATE OF DEATH Registration Dist. No.. Tif death occurred in .Ward) a hospital or institution. give Its NAME Instead of street and number.] MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 5 SINGLE, 18 DATE OF DEATH 4 COLOR OR RACE MARRIED. WIDOWED, (Month) ORDIVORCED
(Write the word) HEREBY CERTIFY, That A attended deceased (Month) (Day (Year) 7 AGE If LESS than and that death occurred on the date stated above, at 1 day hrs. The CAUSE OF DEATH* was as follows: OR min. ? BOCCUPATION (a) Trade, protession, or particular kind of work (b) General nature of industry, business, or establishment in which employed (or employer) ... ⁹BIRTHPLACE (State or country) Secondary 10 NAME OF FATHER (Signed) ARENTS 11 BIRTHPLACE 191.44 (Address) OF FATHER *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. (State or country) 12 MAIDEN NAME OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS 13 BIRTHPLACE Af place In the OF MOTHER (State or country) ot death yrs. State _____ yrs. ____ mos. Where was disease contracted. 14 THE ABOVE IS If not at place of death? Former or usual residence. #R REMOVAL DATE OF BURIAL 15 ADDRESS REGISTRAR If more blanks are needed, address State Registrar, 6 E. Frankin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

ness of various pursuits can be known. The question cated thus: Farmer (retired 6 yrs.) For persons CAUSINO DEATH, state occupation at beginning of illbeen changed or given up on account of the pisease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not duties of the honsehold only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. Grocery; (a) Foreman, (b) Automobile factory. The the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is necfirst line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age tiou is very important, so that the relative healthfulwho have no occupation whatever, write None. who receive a defiuite salary), may be entered as material worked on may form part of the second it should be used only when needed. additional line is provided for the latter statement; Civil engineer, Stationary fireman, etc. Physician, Compositor, Architect, Locomotive engineer. For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-Spinner, If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," (b) Cotton mill; (a) Salesman, But in many As examples: "Foreman,"

Statement of cause of death—Name, first, the disease causino death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Cronp";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pnenmonia," nnqualified. is indefinite): Tubereulesis of lungs, meninges, peritonaeum, etc., Carcin-

valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic oma, Sarcoma, etc., of..... (name origin; "Can-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably mia," "PUERPERAL peritonitis," etc. childbirth or miscarriage as "Puerperal septiehacctc., when a defiuite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As Bronchopncumonia (secondary), 10 ds. affection need not be stated unless important. Exthre of the American Medical Association.) canse of death approved by Committee on Nomenclasepsis, tetanus) injury, as fracture of skull, and consequences (e. g., Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. genital," "Senile," etc.), "Contributory." by carbolic acid-probably suicide. dent; Revolver wound of head-homicide; Poisoned is less definite; avoid use of "Inmor" for malig-The contributory Always qualify all diseases resulting from Measles (disease causing (Recommendations on statement of may be stated under the head of (secondary or intercurrent) "Dropsy," The nature of the death), 29 State cause for "Exhaustion," Never report For vio-



N. B.—Every Item of Information should be earefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD BINDING FOR 8 MARGIN RESERVED DABERTO W. B. No. 1.

PLACE OF DEATH 4279	STATE OF MARYLAND
County Mashington	CERTIFICATE OF DEATH
Village or the Mallage on (No.	Vermont St; Ward) [If death occurred in a hospital or institution,
* FULL NAME Samuel	Shoulk give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male Pluto Single, Married, Widowed, Wilder (Write the word)	16 DATE OF DEATH (Month) (Day) (Year) 17 I HEREBY CERTIFY, That I attended deceased from
DATE OF BIRTH (Month) (Day) (Vear)	apr. 3, 1914, to apr. 10, 1914. that I last saw him alive on april 10, 1914
AGE 11 LESS than 1 day,	and that death occurred on the date stated above, at 11.46 p.m., The CAUSE OF DEATH was as follows:
(a) Trade, protession, or Care Taker of Ceruetary particular kind of work (b) General nature of industry,	mitral insufficiency
business, or establishment in Caretables of Careelast which employed (or employer) BIRTHPLACE (State or country)	Gentributory Gulmonary ordens (Secondary)
10 NAME OF FATHER When Peter Shows	(Signed) (Duration) yrs mos dos.
11 BIRTHPLACE OF FATHER (State or country)	*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Acciden-
12 MAIDEN NAME Cathrell Swope 13 BIRTHPLACE (1)	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)
OF MOTHER (State or country)	At place In the ot death yrs mos ds. State yrs mos ds.
(Informant) Quil Mol-	Where was disease contracted, If not at place of death? Former or usual residence
Address) Williamsport Md	Millouspot Md DATE OF BURIAL OF MILL OF BURIAL
Filed Ar of 4:1914 To. O. Weckard Zocal REGISTRAN	20 UNDERTAKER ADDRESS MA
If more blanks are needed, address State Registrat	r, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

naterial worked on may form part of the second statement. Never return "Laborer," "Foreman," (a) Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The additional line is provided for the latter statement; the nature of the business or industry, and therefore an cases, especially in Industrial employments, it is nec-Civil engineer, Stationary fireman, etc. But ln many Physician, Compositor, Architect, Locomotive engineer, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). For persons CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the nisease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not pald Housekcepers mine, etc. Women at home, who are engaged in the fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise speciit should be used only when needed. As examples: essary to know (a) the kind of work and also (b) first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retlred from business, that fact may be indl-

Statement of cause of death—Name, first, the disease causing death—In all respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar meumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonacum, etc.. Carcinosis of lungs, meninges, peritonacum, etc.. Carcinosis

injury, as fracture of skull, and consequences (e. g., ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably mia," "Tueeperal peritonitis," etc. childbirth or miscarriage, as "Puerperal schichaeetc., when a definite disease can be ascertained as the inus," "Old Age," "Shock," "Uraemla," "Weakness," genltal," "Senile." etc.), "Dropsy," thenla," "Anaemia" (merely symptomatic), "Atrophy," nant neoplasms) : Measles; Whooping cough: Chronic cer" is less definite; avoid use of "Tumor" for maligcause of death approved by Committee on Nomenclasepsis, tetanus) may be stated under the head of by carbolic acid-probably suicide. The nature of the Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. which surgical operation was undertaken. For vio-"Collapse." "Coma," "Convulsions," "Debility" ("Conmere symptoms or terminal conditions, such as "Asample: Mcasles (disease causing death), 29 cs.; affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis oma. Sarcoma. etc., of ... ture of the American Medical Association.) "Contributory." dent; Revolver wound of head-homicide; Poisoned LENT DEATHS State MEANS OF INJURY and qualify as "Heart failure," "Haemorrhage," "Inanition," "Maras-Bronchopncumonia (secondary), 10 ds. The contributory Always qualify all diseases resulting from (Recommendations on statement of (secondary or intercurrent) (name origin: "Can-State cause for "Exhaustion, Never report Examples:



WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT

RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSIGIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

County Washing Line 4280



STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. 302

4/		1 5	A Registration	
Village or City Hagenster	en (No. 719	Jalen	Arr St;	-Ward)
	10 Lin V	2	11 1	
SEILL NAME	Sull - 12	ourth!	Shauk	

[It death occurred is

*FULL NAME Still - BI	rth Shark give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male White (Write the word)	16 DATE OF DEATH 4 - 18 - , 1914 (Month) (Day (Year)
Language Company Com	that I last saw h alive on 191 and that desth occurred on the date stated above, at 3450 m.
ds. OR	The CAUSE OF DEATH* was as follows: Recuration 4 Recuration (Duration) yrs
9 BIRTHPLACE (State or country) 10 NAME OF FATHER Thu & Shawle 11 BIRTHPLACE OF FATHER (State or country) 22 Maiden NAME 12 MAIDEN NAME 12 MAIDEN NAME 13 BIRTHPLACE OF FATHER (State or country) 14 MAIDEN NAME 15 MAIDEN NAME 16 MAIDEN NAME 17 MAIDEN NAME 18 MAIDEN NAME 18 MAIDEN NAME 18 MAIDEN NAME 19 MAIDEN NAME 10 MAIDEN NAME 10 MAIDEN NAME 11 MAIDEN NAME 11 MAIDEN NAME 12 MAIDEN NAME 13 MAIDEN NAME 14 MAIDEN NAME 15 MAIDEN NAME 16 MAIDEN NAME 17 MAIDEN NAME 18 MA	(Signed) (Duration) (Signed) (Ouration) (Signed) (Signed) (Ouration) (Signed) (Ouration)
of Mother Rellie May Jacque 13 BIRTHPLACE OF MOTHER (State or country) 14 THE ABOVE IS TRUE TO THE PEST OF MY KNOWLEDGE (Informant) (Informant)	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place In the of death yrs, mos. ds. State yrs, mos, ds Where was disease contracted, If not at place of death? Former or usual residence.
(Address). Hagers lover Red Filed 4/16—191. If Benry Lauro REGISTRAR If more blanks are needed, address State Regist	PLACE OF BURIAL OR REMOVAL Hagustown, Mc 4-17-, 1914 20 UNDERVAKER W. L. Fhomus, Father Hagerstown Tar, 6 E. Franklin St., Balto., Requesting V. S. No. h. Pull

[Approved by U. S. Census and American Public Health Association.]

CAUSING DEATH, state occupation at beginning of ill-Grocery; (a) Foreman, (b) Automobile factory. The cated thus: Farmer (retired 6 yrs.) For persons gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not duties of the household only (not paid Housekeepers "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthfulwho have no occupation whatever, write Nonc. been changed or given up on account of the DISEASE Scrvant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations who receive a definite salary), may be entered as mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal (a) Spinner, (b) Cotton mill; (a) Salesman, essary to know (a) the kind of work and also (b) Civil engineer, Stationary freman, etc. But in many For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman," (6)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) "Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of..... (name origin; "Canmia," "PUERPERAL peritonitis," etc. childbirth or miscarriage as "Puerperal septichaeetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asample: Meastes (disease causing death), 29 ds.; affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, sepsis, tetanus) may be stated under the head of such, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably LENT DEATHS State MEANS OF INJURY and qualify as Bronchopneumonia (secondary), 10 ds. Never report ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acciwhich surgical operation was undertaken. The contributory (secondary or intercurrent) Always qualify all diseases resulting from (Recommendations on statement of State cause for



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PHYSICIANS Should of OCCUPATION IS statement EXACTLY. Exact stated properly classified. pe should AGE oarefully supplied. тау ре certificate. so that it of pe See Instructions on back DEATH in plain terms, pinous Information of CAUSE OF Important, 5

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PARENT

6 DATE OF BIRTH

BOCCUPATION

(a) Trade, profession, or

particular kind of work. (b) General nature of Industry,

business, or establishment in

which employed (or employer) 9 BIRTHPLACE (State or country)

> 10 NAME OF FATHER

11 BIRTHPLACE

OF FATHER (State or country)

12 MAIDEN NAME OF MOTHER

13 BIRTHPLACE OF MOTHER (State or country)

state Very

RECORD

4281 1 PLACE OF DEATH County Village or City

* FULL NAME

PERSONAL AND STATISTICAL PA

4 COLOR OR RACE

(Month)

STATE OF MARYLAND CERTIFICATE OF DEATH

	Registration Dist, No. 304
Shindre	St.; Ward) [It death occurred la a hospital or institution, give its NAME instead
AL PARTICULARS	MEDICAL GERTIFICATE OF DEATH
5 SINGLE, MARRIEO, WIDOWED, ORDIVORCED (Write the word)	16 DATE OF DEATH (Month) (Day) (Year) 17 I HEREBY CERTIFY, That I attended deceased from
13- 1839 (Day) (Year)	that I last saw h inte alive on Office 1 1914.
If LESS than 1 day,hrs. ORmln. ?	and that death occurred on the date stated above, at & A. m. The CAUSE OF DEATH* was as follows: Lancaurum a of Candian Lancaurum a of Candian
C 1 / and	(Doration) 3 yrs. 1 mos. ds.
airfield	(Secondary) (Deration) (Signed) (Signed)
Pairfield	(Signed), 101 # (Address) Supple Laboration (M. D. O.
Know -	TAL, SUICIDAL, OF HOMICIDAL.

18 LEN	GTH OF RE	SIDENCE	(FOR H	PAPITALS, I	NSTITUTIONS,	TRANSIENTS
At place				In the		
of double	11110		4	01-1		

State yrs. ____ mos. ___ ds. Where was disease contracted.

If oot at place of death?

Former or usual residence

LACE OF	BURIAL	OR REM	MOVAL
Inrun	hill	(Vem	elass

DATE OF BURIAL

20 UNDERTAKER ADDRESS

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

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BEST OF

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[Approved by U. S. Census and American Public Health
Association.]

cated thus: Farmer (retired 6 yrs.). ness. If retired from business, that fact may be indi-CAUSING DEATH, state occupation at beginning of illof persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care duties of the household only (not paid Housekeepers fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specimaterial worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. additional line is provided for the latter statement the nature of the business or industry; and therefore an cases, especially in industrial employments, it is necfirst line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. been changed or given up on account of the nisease Servant, Cook, Housemaid, etc. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. essary to know (a) the kind of work and also (b) Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, ness of various pursuits can be known. The question tion is very important, so that the relative healthfulwho have no occupation whatever, write None. (a) Spinner, (b) Cotton mill; (a) Salesman, Statement of occupation-Precise statement of occupa-Women at home, who are engaged in the Never return "Laborer," "Foreman," If the occupation has As examples:

Statement of cause of death—Name, first, the disease causing death—Name, first, the disease causing death with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcinosis of lungs, meninges, peritonaeum,

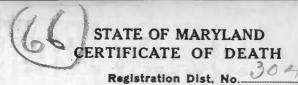
ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." sepsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homielde; Polsoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. mia," "PUERPERAL peritonitis," childbirth or miscarriage, as "Purperal septichaecause. Always qualify all diseases resulting from etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," genital," "Collapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report ample: Measles (disease causing death), 29 affection need not be stated unless important. valvular heart disease; Ohronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronu ver" is less definite; avoid use of "Tumor" for malig oma. Sarcoma. etc., of ... -Kart fallure," "Haemorrhage," "Inanition," "Maras-The contributory (secondary or intercurrent) "Senile," etc.), "Dropsy," "Exhaustion," (Recommendations on statement of etc. State cause for (name origin; "Can Examples:

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

MAY 5 1914
BUREAU, V.S.

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y item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state SE OF DEATH in pialn terms, so that it may be properly classified. Exact statement of OCCUPATION is very stant. See instructions on back of certificate,
item ant.
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PLACE OF DEATH 4282



St.;----Ward)

Village or City	ancort No	
		2 2 1
²FULL N	IAME Olizabeth	Oller.

[It death occurred in a hospital or institution, give its NAME Instead of street and number.

PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Hemale White. Single, Married, Wildows of Write the word)	16 DATE OF DEATH Opil 7 1914 (Month) (Day (Year)
AGE 80 3 6. 1 dayhrs.	that I last saw h. Cr. slive on
OCCUPATION (a) Trade, protession, or particular kind of work (b) General nature of industry,	Poralysis
business, or establishment in which employed (or employer) BIRTHPLACE (State or country) Frederics Md	ContributorySecondary
11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME 12 MAIDEN NAME	(Signed)
13 BIRTHPLACE OF MOTHER (State or country) THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	18 LENGTH OF RESIDENCE (FOR MOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place In the ct death yrs. mos. ds. State: yrs, mos. ds Where was disease contracted, it not at place of death?
(Interment) Mrs Mary Gellece	Former or usual residence. 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
(Address) Loancoci md.	Mancocs 6 md. 4/9,1914

[Approved by U. S. Census and American Public Health Association.]

cases, especially in industrial employments, it is necthe nature of the business or industry, and therefore an For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.) For persons CAUSING DEATH, state occupation at beginning of illshould be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer "Manager," "Dealer," etc., without more precise specistatement. Never return "Laborer," material worked on may form part of the second it should be used only when needed. additional line is provided for the latter statement; essary to know (a) the kind of work and also (b) Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, been changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as Grocery; (a) Foreman, (b) Automobile factory. (a) Spinner, (b) Cotton mill; (a) Salesman, (b) tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the As examples: "Foreman,"

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WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT

RECORD

N. B.—Every item of information should be carefully supplied. ACE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

1 PLACE OF DEATH

STATE OF MARYLAND OF DEATH Dist. No. 30 CERTIFICATE

Registration Dist. No.

[It death occurred in a hospital or institution, give its NAME instead of street and nomber.]

	FULL NAME JOMES A. Sn	ith
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 s	rale **COLOR OR RACE S SINGLE, MARRIEO, WIDOWEO, ORDIVORCED (Write the word)	16 DATE OF DEATH Office
6 p	(Month) (Day (Year)	april 12, 1914, to april 29, 1914, that I last saw h www allve on april - 28, 1914
7 A	GE If LESS than 1 day,hrs. ORmin.?	and that death occurred on the date stated above, at
(a	CCUPATION) Trade, profession, or ricular kind of work Placesumith	Chinge Brights Slisean B
bus	General nature of industry, siness, or establishment in ich employed (or employer)	(Duration) Reversel years ds.
9 B	(State or country.)	Secondary Mephrile Verranhage (Doration) yrs mos 1 8 ds.
	10 NAME OF FATHER Mrn Smith	(Signed) A. S. Herman, M. D.
PARENTS	11 BIRTHPLACE OF FATHER (State or country) 12	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL STREET, STR
PAR	13 BIRTHPLACE OF MOTHER 13 BIRTHPLACE OF MOTHER	TAL, SUICIDAL, OF HOMICIDAL. 16 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) Af place
14 7	(State or country) THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	of death yrs mos ds. State yrs mos ds Where was disease contracted, If not at place of death?
. 3	(Interregant) Magustown Md	Former or usual residence
16 Fil	er 4/29 19:4 Hours Davis	20 UNDERTAKER DAL ADDRESS
	If more blanks are needed, address State Register	trar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

additional line is provided for the latter statement; cases, especially in industrial employments, it is necapplies to each and every person, irrespective of age. ness of various pursuits can be known. The question Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. As examples: the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the tion is very important, so that the relative healthfulwho have no occupation whatever, write None. cated thus: CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE (a) Spinner, (b) Cotton mill; (a) Salesman, Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," Farmer (retired 6 yrs.) For persons "Foreman,"

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) *Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tubereucsis of lungs, meninges, peritonaeum, etc., Carcin-

nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligthenia," "Anaemia" (merely symptomatic), "Atrophy," affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis oma, Sarcoma, etc., of..... (name origin; "Caninjury, as fracture of skull, and consequences (e. g., such, if impossible to determine definitely. Examples: LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. mia," "PUERPERAL peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septichaeetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgcnital," "Senile," etc.), "Collapse," "Coma," "Convulsions," "Debility" ("Conmere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report ample: Meastes (disease causing death), 29 ds.; cause of death approved by Committee on Nomencla-"Contributory." Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably ture of the American Medical Association.) by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned The contributory (secondary or intercurrent) tctanus) may be stated under the head of Always qualify all diseases resulting from (Recommendations on statement of "Dropsy," "Exhaustion,"



V. S. No. 1.

PLACE OF DEATH 4284 Gounty Kashington Co	STATE OF MARYLAND CERTIFICATE OF DEATH
VIIIage or Day Milliamspert (No. Stel (PORTION 1 2 FULL NAME Surain S.	Registered No. [If death occurred in a hospital or institution, give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
JESEX COLOR OR RACE SINGLE, MARRIED, MARRIED, WIDOWCO, WINDOWCO, OR OLVORCEO (Write the word)	16 DATE OF DEATH (Month) (Day) (Year) 17 1 HEREBY CERTIFY, That I attended decessed from
Murch (Month) 20 (Day) (Year) 7 AGE It LESS than	that I last saw h
6 6 yrs. mos. ds. or. min.?	The CAUSE OF DEATH* was as follows: Themeworn (Acute Lobor)
BOCCUPATION (a) Trade, profession, or particular kind of work (b) General nature of industry, business, or establishment in which employed (or employer) BERTHPLACE (State or country)	Contributory Education yrs mos ds. (Secondary)
10 NAME OF FATHER Daniel Connor 11 BIRTHPLACE OF FATHER OF STATE OF FATHER OF STATE	(Signed) (Buration) frs mos. ds. (Signed) (Signed) (Address) (Signed) (Sig
12 MAIDEN NAME OF MOTHER Susain Heers 13 BIRTHPLACE OF MOTHER (State or country) Mashingler Country	CAUSMS, state (1) MEANS OF INJUST; and (2) Whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL. 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENCE) At place in the of death yrs, mos. ds. State yrs, mos. ds. Where was disease contracted.
(Informant) Christian de Drieden (Address) Miliamaper Ind (Address) Miliamaper Ind	it not at place of death? Former or usoal residence. 19 PLACE OF BURIAL OR REMOVAY Ed DATE OF BURIAL Remove Carellar afril 24 7, 1914
Filed April 1914 O. O. Nickard Docal REGISTRAR	20 UNDERTAKER J. M. Millon Mary end Mill ar, F. E. Franklin St., Balto., Requesting V. S. No. A.

[Approved by U. S. Census and American Public Health
Association.]

cated thus: Farmer (retired 6 yrs.). CAUSING DEATH, state occupation at beginning of illshould be taken to report specifically the occupations gainfully employed, as At school or At home. Care duties of the household only (not paid Housekeepers fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specimaterial worked on may form part of the second additional line is provided for the latter statement; applies to each and every person, irrespective of age who have no occupation whatever, write None. Servant, Cook, Housemaid, etc. of persous engaged in domestic service for wages, as who receive a definite salary), may be entered as mine, etc. statement. Grocery; (a) Foreman, (b) Automobile factory. The It should be used only when needed. the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, ness of various pursuits can be known. The question tion is very important, so that the relative healthfuibeen changed or given up on account of the disease Housewife, Housework, or At Home, and children, not (a) Spinner, For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," (b) Cotton mill; (a) Salesman, If the occupation has As examples: For persons "Foreman,"

Statement of cause of death—Name, first, the disease causing death—(the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cercbrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lodar pneumonia; Bronchopneumonia ("Pueumonia," unqualified, is indefinite); Tuderculosis of lungs, meninges, peritonaeum, etc.. Carcin-

sepsis, tetanus) may be stated under the head childbirth or miscarriage, as "Purpresal septichaecause. Always qualify all diseases resulting from etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," ample: Measles (disease causing death), 29 ds.; ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." injury, as fracture of skuil, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Potsoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. mia," "PUERPERAL peritonitis," etc. "Heart fallure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse," "Coma," "Convuisions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritts. nant neopiasms); Measles; Whooping cough; Chronio cer" is less definite; avoid use of "Tumor" for mallsoma. Sarcoma. etc., of ... The contributory (secondary or intercurrent) (Recommendations on statement of (name origin; "Can-State cause for Never report Examples:

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

MAY 6 1914
BUREAU, V.S.

No. 1.

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WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT REC	m of information should be carefully supplied. AGE should be stated EXACTLY. PHYS	PF DEATH In piain terms, so that it may be properly classified. Exact statement of C . See instructions on back of certificate.
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NFADIR	refully sup	or DEATH in plain terms, so that it ma . See instructions on back of certificate.
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	Regis	tration Dist	No. 26	
No. 139 BETH STINE	SUMMIT AVE. St;	2"(Ward)	[II death a hospital o give Its NA ot street and	ME Instead
ULARS	MEDICAL CE	RTIFICATE OF	DEATH	
₹₩O\\	16 DATE OF DEATH	(Month)	26 (Day	, 1914 (Year)
, 1 838 . (Year)	that I last saw har alive o	n Apri	(25-	, 1914,
1 day,hrs. ormin.?	The CAUSE OF DEATH* was		**************************************	•••••••••
••••	Contributory Secondary	(Ouration)	217	e de
	(Signed)	SS) Varge NG DEATH, OF, INJURY; and	-, leru	24d
FENBERGER OWLEDGE	18 LENGTH OF RESIDENCE (FOR RECENT RESIDENTS) At place of death yrs, mos Where was disease contracted, It not at place of death?	FOR HOSPITALS,		RANSIENTS,
ravis	Former or usual residence 19 PLACE OF BURIAL OR RE LOCUST GROVE CE 20 UNDERTAKER		DATE OF BU	

MRS. ELIZABETH PERSONAL AND STATISTICAL PARTICULARS 3 SEX 4 COLOR OR RACE 5 SINGLE. MARRIED, WIDOWED. ORDIVORCED TOO FEMALE WHITE 6 DATE OF BIRTH APRIL 21" (Month) (Day TAGE If LE 1 day. 5 OR 8 OCCUPATION (a) Trade, protession, or LADY OF LEISURE particular kind of work. (b) General nature of industry. business, or establishment in 97 17 97 97 11 11 11 91 91 91 91 ST which employed (or employer) State or country) . MARYLAND. 10 NAME OF FATHER JOHN ROHRER PARENTS 11 BIRTHPLACE OF FATHER (State or country) MARYLAND. 12 MAIDEN NAME OF MOTHER CATHERINE POFFENEE 13 BIRTHPLACE OF MOTHER (State or country) MARYLAND. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE MISS HETTIE STINE (Informant) 139 SUMMIT AVE. (Address). 16 C. M. SUTER & SON REGISTRAR HAGERSTOWN MD. If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

4285

HAGERSTOWN

1 PLACE OF DEATH

County WASHINGTON

Village or City.

[Approved by U. S. Census and American Public Health Association.]

tion is very important, so that the relative healthfulthe nature of the business or industry, and therefore an ness of various pursuits can be known. The question statement. cated thus: Farmer (retired 6 yrs.) For persons ness. If retired from business, that fact may be indi-CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Scrvant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specimaterial worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. (a) Spinner, (b) Cotton mill; (a) Salesman, it should be used only when needed. additional line is provided for the latter statement; essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. who have no occupation whatever, write None. Statement of occupation-Precise statement of occupa-Women at home, who are engaged in the Never return "Laborer," As examples: "Foreman," (6)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonacum, etc., Carcin-

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If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

RECEIVED

MAY 7 1914

BURLAU, Y.S.

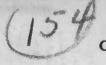
V. S. No. 1.

N. B.-

RECORD WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT

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4286 11 PLACE OF DEATH County Washingtons



STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No..

		-			
 S	t.;		W	ard)

Village or City Leline (No	St.; Ward) St.; Ward) a hospital or institution, give ifs NAME instead of sfreef and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RAGE 5 SINGLE, MARRIED, WIDOWED, ORDIVORCED Harbarn (Write the word)	16 DATE OF DEATH (Month) (Day (Year) 17 I hereby Certify, That I attended decessed from
7 AGE (Month) (Day (Year) (Month) (Day (Year) 1 day,hr	that I last saw here alive on force delad, 1914 and that death occurred on the date stated above, at /2 / JRm. The CAUSE OF DEATH* was as follows:
(a) Trade, profession, or particular kind of work. (b) Generat nature of industry, business, or establishment in which employed (or employer) 9 BIRTHPLACE (State or country) 10 NAME OF FATHER South August	Contributory Expense lines ds. (Signed) The Hoffman, M.D. (Duration) yrs mos ds.
11 BIRTHPLACE OF FATHER (State or country.) 12 MAIDEN NAME OF MOTHER 13 BIRTHPLACE OF MOTHER (State or country.) 1 (1)	*State the DISEASE CAUSING DEATH, Or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) Whether Accidental, SUICIDAL, Or HOMICIDAL. 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place of deathyrsmosdsds.
(Informant) Has Bertha Kyser (Address) Haguston Md 16 Flied H/ 1914 Herry Stave	Where was disease contracted, If not at place of death? Former or usual residence. 19 PLACE OF BURIAL OR REMOVAL 20 UNDERTAKER Wathin Third Hay Manual Pagistrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not mine, etc. Women at home, who are engaged in the fication as Day laborer, Farm laborer, Laborer-Coal material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The additional line is provided for the latter statement; essary to know (a) the kind of work and also (b) Civil engineer, Stationary freman, etc. But in many first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthfulwho have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.) For persons CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Scrvant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers "Manager," "Dealer," etc., without more precise specistatement. (a) Spinner, (b) Cotton mill; (a) Salcsman, it should be used only when needed. As examples: the nature of the business or industry, and therefore an cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Never return "Laborer," "Foreman,"

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) 'Typhoid fever (never report "Typhoid dineumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carvin-

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certifical

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Instructions

Important.

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If more blanks are needed, address State Registrar, 6 D. Franklin St., Balto., Requesting V. S. No. 1.

REGISTRAR

[Approved by U. S. Census and American Public Health Association.]

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N. 8.

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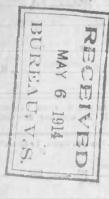
	1 PLACE OF DEATH 4288	STATE OF MARY	LAND
	7/2 / 1	CERTIFICATE OF	DEATH
Co	unty Mashington	Declarate	301
		Registered	
V	Mags or our lear Williamsper (No. Mal)	St;Ward)	[It death occurred in a hospital or institution, give its NAME instead
	Harry Hater		of streef and number.]
	FULL NAME NEWY WALES		100
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF D	EATH
3 5 5	X 4 COLOR OR RACE 5 SINGLE, MARRIED, 7/	16 DATE OF DEATH	15 th 1914
0	WIDOWED, Medorner	(Month)	(Day) (Year)
11	tale May (Write the word)	17 I HEREBY CERTIFY, That I at	ended deceased from
& D	ATE OF BIRTH	apr. 7 , 1914, to Copy 14, 1914,	
	February 15 -, 1846	that I last saw her alive on afr.	8 - 1014
	(Month) (Day) (Year)	that I last saw hell alive on	(4
7 A	If LESS than 1 day, hrs.	and that death occurred on the date stated ab	ove, at 12.30 P, m,
li .	48 yrs. 2 mos. ds. or min.?	The CAUSE OF DEATH* was as follows:	~
6.0	CCUPATION	Valoula But	Durane
(a)	Trade, profession, or	***************************************	*****************************
	ficular kind of work Oarpenter		
	General nature of industry, iness, or establishment in	(Ouration)	yrs S mos ds.
	ch employed (or employer)	Contributory Eighaustin	unt he next
9 B	RTHPLACE tate or country)	(Secondary)	1
	. Hashington lev	facture (Duration)	yes constilles.
w	10 NAME OF FATHER	(Signed) With techonds	, и. о.
S	11 protupiace Lando Malers	april 9 5, 191 4 (Address) Loillia	unport The
-	State or country) Am Corter leve And	*State the DISEASE CAUSING DEATH, or, in	deaths from Wrozen
AREN		CAUSES, state (1) Means of Injury; and (1) Tal, Suicidal, or Homicidal.	2) whether Acciden-
AR	12 MAIDEN NAME & D. C. M. M.		
σ.	13 months and 1 miles al	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INS OR RECENT RESIDENTS)	ITITUTIONS, TRANSIENTS,
	OF MOTHER (State or country) (1) In Ruger but thinks	At place In the of death yrs mos ds. State	yrs ds.
14-		Where was disease confracted,	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
(Intermant) Howard Haters		If not af place of death?	DE 000 000 000 000 000 1 × 000 000 000 000
		Former or usual residence	88 5144 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6
	Thellamodait Md & For SAI	19 PLACE OF BURIAL OR REMOVAL D	ATE OF BURIAL
15	(Address) Macanagary	Thellie hed and an	ril 17 7 1914
	Al. 114 Se Ricking	20 UNDERTAKER	DDRESS
FI	ede Apra 6th, 1914 To a Collictard HEGISTRAR	a. M. Miller To	met at Med
	If more blanks are needed, address State Registra	F AE Franklin St Raito Requesting V S No.	1
	IT MALE ANNUA OF DECREAS WASTERS DESTE DECRES	11/2 m. p. romming ord warrow wednesding 4, p. 140.	ya.

[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.). CAUSINO DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. As examples additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthfulwho have no occupation whatever, write None. Housewife, Housework, or At Home, and children, not For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-Spinner, If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," (b) Cotton mill; (a) Salesman, "Foreman,"

Statement of cause of death—Name, first, the disease Causino death—Name, first, the disease causino death—Name, first, the disease causino death affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhold diseumonia"); Lodar preumonia; Bronehopneumonia ("Pneumonia," unqualified, is indefinite); Tubereulosis of lungs, meninges, peritonaeum, etc.. Carein-

mus," "Old Age," "Shock," "Uraemia," "Weakness," cause of death approved by Committee on Nomenclainjury, as fracture of skuli, and consequences (e. g., by earbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Polsoned Accidental drowning; Struck by railway train—accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. mia," "PUERPEBAL peritonitis," etc. childbirth or miscarriage, as "Purperal septichaecause. Always qualify all diseases resulting from etc., when a definite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustion," "Coliapse." "Coma," "Convulsions," "Deblity" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report ampie: Measles (disease causing death), 29 ds.; affection need not be stated unless important. valvular heart disease; Ohronic interstitial nephritte nant neopiasms); Measies; Whooping cough; Chronio cer" is less definite; avoid use of "Tumor" for maligoma. Sarcoma. etc., of ... ture of the American Medical Association.) "Contributory." The contributory (secondary or intercurrent) tetanus) (Recommendations on statement of may be stated under the head (name origin; "Can-State cause for



V. S. No.

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-Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. RECORD PERMANENT 4 WRITE PLAINLY, WITH UNFADING INK-THIS IS

County Mashington	STATE OF MARYLAND CERTIFICATE OF DEATH
Village or City Big Roll (No	St.; Ward) [If death occurred in a hospital or institution, give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
SEX COLOR OR RACE SINGLE, MARRIED, Willowed ORDIVORCED (Write the word)	16 DATE OF DEATH Office 28th 1914. (Month) (Day (Year)
DATE OF BIRTH Quegust 29, 1841 (Month) (Day (Year)	that I last saw here alive on april 27th, 1914.
7 AGE 7 8 7 8 7 8 9 1 1 day,	and that death occurred on the date stated above, at a.m., The CAUSE OF DEATH* was as follows: Chronic Valoular Heart
a) Trade, profession, or particular kind of work.	all as
(b) General nature of Industry, business, or establishment in which employed (or employer)	(Duration) Use from the description of the descript
State or country) Franklin Co Pa	Secondary (Duration) yrs mos ds.
11 BIRTHPLACE Richard	(Signed) Frankau P. Perry, M. D. Wirif 2 57812. (Address) Cleansforms (M.)
OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER OF MOTHER	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.
OF MOTHER 13 BIRTHPLACE OF MOTHER (State or country) (State or country)	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place In the ot death yrs mos ds.
4 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant)	Where was disease contracted, If not at place of death? Former or usual residence.
(Address)Beg Springs Ry D	Sutturan Grave yord Ceprol 30, 1914
Filed191REGISTRAR	Frants Brost & Co Clear Spring
If more blanks are needed, address State Regist	rar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

duties of the household only (not paid Housekeepers who have no occupation whatever, write None. eated thus: Farmer (retired 6 yrs.) For persous CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the nisease Scruunt, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. (a) Spinner, (b) Cotton mill; (a) Salesman, it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b)cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But In many Physician, Compositor, Architect, Locomotive engineer. first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are eugaged in the Never return "Laborer," As examples: "Foreman," (7)

Statement of cause of death—Name, first, the nisease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tubercucksis of lungs, meninges, peritonaeum, etc., Carcin-

mia," "Puerperal peritonitis," etc. State eause for childbirth or miscarriage as "Puerperal scotichacoma, Sarcoma, etc., of...... (uame origin; "Canture of the American Medical Association.) Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as etc., when a definite disease can be ascertained as the thenia," "Auaemla" (merely symptomatic), "Atrophy," affection ueed not be stated unless important. valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic cause of death approved by Committee on Nomencla-"Contributory." sepsis, tetanus) injury, as fracture of skull, and cousequences (e. g., dent; Revolver wound of head-homicide; Poisoned which surgical operation was undertaken. mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inauition," "Marasgenital," "Senile," etc.), "Collapse," "Coma," "Couvulsions," "Debility" ("Conmere symptoms or terminal conditions, such as "As by earbolic acid-probably suicide. Bronehopneumonia is less defiuite; avoid use of "Inmor" for malig-The contributory (secondary or intercurrent) Always qualify all diseases resulting from Measles (disease causing death), 29 (Recommendations on statement of may be stated under the head (secondary), 10 ds. Never report "Dropsy," "Exhaustion," The nature of the For viod8.;



OCCUPATION PHYSICIANS 0 statement EXACTLY. classified. pe pino properly pe supplied. may certificate. that 20 90 terms. plain Instructions I See a OF mportant. Every Ite

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RECORD

STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. [if death occurred inWard) a hospital or Institution. give Its NAME instead of street and number. I PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3 SEX 4 COLOR OR RACE 5 SINGLE. DATE OF DEATH MARRIED, narried ORDIVORCED (Dav OF BIRTH (Month) (Day (Year) 7 AGE If LESS than and that death occurred on the date stated above, a 1 dayhrs. The CAUSE OF DEATH* was as follows: OR 7 BOCCUPATION (a) Trade, profession, or particular kind of work (b) General nature of Industry, business, or establishment in 2 yrs. 3 mas.) (ds. which employed (or employer) 9 BIRTHPLACE (State or country Contributory. Secondary 10 NAME OF FATHER ARENTS 11 BIRTHPLACE OF FATHER (State or country *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. 12 MAIDEN NAME OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) 13 BIRTHPLACE At place In the OF MOTHER (State or country) ot death _____ yrs. ____ State _____ yrs, ___ mos. __ Where was disease contracted, If not at place of death? Former or usual residence

> REMOVAL 20 UNDERTA

APDRESS

DATE OF BURIAL

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

REGISTRAR

[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.) For persons Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not duties of the household only (not paid Housekeepers who have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease who receive a definite salary), may be entered as mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. Grocery; (a) Foreman, (b) Automobile factory. The It should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or Industry, and therefore an cases, especially in industrial employments, it is necmaterial worked on may form part of the second (a) Spinner, (b) Cotton mill; (a) Salesman, essary to know (a) the kind of work and also (b) Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-If retired from business, that faet may be Indi-Women at home, who are engaged in the Never return "Laborer," "Foreman," (4)

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sepsis, tetanus) may be stated under the head of such, if impossible to determine definitely. Examples: LENT DEATHS State MEANS OF INJURY and qualify as mia," "Puerperal peritonitis," etc. State cause for mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasvalvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic oma, Sarcoma etc., of (name origin; "Cancer" is less definite; avoid use of "Tumor" for mailgture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. Accidental drowning; Struck by railway train-acciwhich surgical operation was undertaken. For viochildbirth or miscarriage as "Puerperal septichaecte, when a definite disease can be ascertained as the genital," thenia," "Anaemia" (mercly symptomatie), "Atrophy," affection need not be stated unless important. dent; Revolver wound of head-homicide; Poisoned ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably "Collapse," "Coma," "Convulsions," "Debility" ("Conmere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. The contributory (secondary or Intercurrent) Always qualify all diseases resulting from Measics (disease causing death), 29 ds.; "Senile," ctc.), (Recommendations on statement of "Dropsy," (name origin; "Can-The nature of the "Exhaustion," Never report



V. S. No. 1.

N. B.—Every Item of information should be carefully supplied. ACE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD

1 PLACE OF DEATH



STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No. 302

4291

Village or City Dagentown (No. 3/6, S 2FULL NAME alice Lanine	Course Ask, 3 Ward) [If death occurred in a hospital or institution, give its NAME instead of street and nomber.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
SEX 4 COLOR OR RACE SINGLE, MARRIED, WIDOWED, OR DIVORCED Write the word	16 DATE OF DEATH LOSS 2 , 1914 (Month) (Day (Year)
DATE OF BIRTH (Month) (Day (Year)	that I last saw her alive on Cleric 1, 1914
7 AGE If LESS than 1 day,hrs. ORmin. ?	and that death occurred on the date stated above, at
e occupation (a) Trade, profession, or particular kind of work. (b) General nature of Industry, business, or establishment in which employed (or employer)	Cerebros de la
9 BIRTHPLACE (State or country) 10 NAME OF	Contributory Secondary (Duration) yrs mos ds.
FATHER Chas. Sovell Hood 11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME 12 MAIDEN NAME	*State the DISEASE CAUSING DEATH, of in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
13 BIRTHPLACE OF MOTHER (State or country)	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INATITUTIONS, TRANSIENTA, OR RECENT REGIDENTS) At place In the of death yrs, mos, ds
(Informant) C. A Prod	Where was disease contracted, If not at place of death? Former or osual residence
(Address) Agustom Wolf 15 Filed 12 ,1914 Benny Registrar If more blanks are needed, address State Register	Place of Burial or REMOVAL Por Will 20 UNDERTAKER With Milliam Hog, Md, trar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

CAUSING DEATH, state occupation at beginning of illgainfully employed, as At school or At home. additional line is provided for the latter statement; cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, applies to each and every person, irrespective of age. cated thus: Farmer (retired 6 yrs.) For persons Servant, Cook, Housemaid, ctc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as dutics of the household only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. As examples: the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) Civil engineer, Stationary fireman, etc. But iu many first line will be sufficient, e. g., Farmer or Planter, ness of various pursuits can be known. The question tion is very important, so that the relative healthfulwho have no occupation whatever, write None. been changed or given up on account of the DISEASE For many occupations a single word or term on the Statement of occupation-Precise statement of occupa Spinner, If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," (b) Cotton mill; (a) Salesman, "Foreman,"

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) *Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tubercu-lesis of lungs, meninges, peritonaeum, etc., Carcin-

valvular heart disease; Chronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronie scpsis, tetanus) may be stated under the head LENT DEATHS State MEANS OF INJURY and qualify as mia," "PUERPERAL peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septichaccause. Always qualify all diseases resulting from ctc, when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustiou," "Collapse," "Coma," "Couvulsions," "Debility" ("Conthenia," "Anaemia" (mcrely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asample: Measles (disease causing death), 29 ds.; affection need not be stated unless important. cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of...... (name origin; "Can injury, as fracture of skull, and consequences (e. g., Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, or as probably which surgical operation was undertaken. Bronchopneumonia (secondary), 10 ds. Never report ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." by earbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned The contributory (secondary or intercurrent) (Recommendations on statement of

